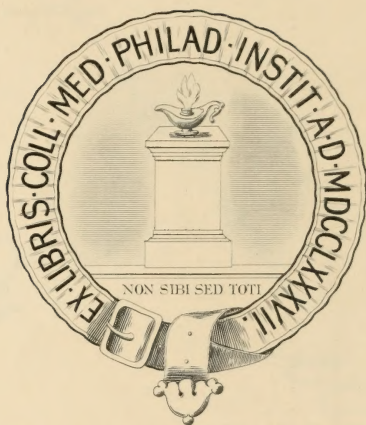





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CLARENCE BARTLETT, M.D.



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APPENDICITIS, WITH ESPECIAL REFERENCE TO ITS DIAGNOSIS AND THE INDICATIONS FOR OPERATION.

BY WILLIAM B. VAN LENNEP, A.M., M.D., PHILADELPHIA, PA.

(Read before the Homœopathic Medical Society, State of Pennsylvania, September 18, 1894.)

It has been said that the first indication in appendicitis is to call in the surgeon. There is a great deal of truth in this, and the advice is no doubt safe. Particularly was this the case before the profession generally, as well as the laity, had become thoroughly awakened to the fact that there is such a disease as appendicitis, that it causes a great many deaths, and that surgery is essential to prevent a fatal issue.

Still, when we remember that probably some 70 per cent. of attacks get well without surgical treatment, the statement made in a recent work on this subject that "the physician should know just when to summon the surgeon" (Talamon), deserves at least to be a corollary to the one quoted above.

I am frequently asked by physicians for definite indications calling for surgical interference, as it is often both inconvenient and unnecessary to summon surgical counsel for any and every case in which appendicitis is diagnosed. This is particularly so with those living at a distance.

A careful perusal of the very abundant current literature of the subject does not seem to give any very definite data, at least in a

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form that can be readily grasped; and it is probable that the formulation of hard and fast rules is an impossibility. On the other hand, as I have before stated, my experience proves that we do not operate in appendicitis often enough, and, particularly, not early enough. What is still more important, I do not think the disease is generally recognized in time.

This subject has been much in my mind during the past year, and it has occurred to me that a paper based upon a study of my total experience with the disease might serve as an incentive to discussion at our State Society meeting, might perhaps help some one to recognize appendicitis in time, or successfully decide the question of surgical interference.

In a purely clinical paper it is hardly necessary to enter into a detailed review of the pathology, particularly as this subject is still more or less obscure. The old and popular "seed" theory is, of course, abandoned, foreign bodies forming such a small proportion of the concretions found in the appendix. The stercoral theory is still supported, and is supposed to be the cause of most attacks, the escape of the coprolith, or, more correctly, the soft faecal mass, bringing the seizure to an end, while its retention ultimately produces pressure, necrosis and perforation. As the rupture is usually at a distance from the concretion, it is more than likely that its pressure induces other changes which seem to have a more direct causal relation than pressure.

The circulation theory has recently attracted much attention, and with apparent reason, too. The blood supply of the appendix, beyond a few minor anastomoses with the caecum, is of the terminal or end-artery variety, coming through an easily stretched meso-appendix. Hence, sagging of the caecum, bends or distension of the little organ, pressure of concretions, may so interfere with the nutrition of the appendix as to cause local or general death. This theory is supported by the fact that the disease occurs four or five times more frequently in the male than in the female, the appendix of the latter deriving an additional blood supply through the appendiculo-ovarian ligament (Clado). This observation may account for the frequency with which the appendix is found in the female pelvis. It may be worth remembering that every case I have seen in the female has begun to menstruate soon after the onset of the attack.

To add to the danger of circulatory disturbances, we have the fact that the appendix is a functionless remnant of evolution, and, as such, its tissues have a low power of resistance to morbid processes.

Besides being outside of the direct fecal current, its walls are but poorly supplied with circular muscular fibres, which lessens its expulsive power. Given then a structure with a low grade of vitality, and let its imperfect internal lining membrane become destroyed by circulatory changes, sudden or gradual, or by pressure from within by concretions or accumulations, or by inflammatory processes, acute or chronic, and we have the door wide open for the micro-organism theory, supported by the almost invariable presence of the bacterium coli commune, a constant inhabitant of the intestine, and only doing harm when enabled to escape into the circulation, and, especially, into the peritonæum, by defects in the intestinal wall. Other septic micro-organisms have been demonstrated, but with varying constancy.

If we add the chronic trophic and circulatory changes that have been observed and studied in the meso-appendix (Fowler), which are supposed to go on in silence until they arrive at a point where they produce an attack, we have briefly summed up the present status of the pathology of the appendix.

In studying the clinical picture we need a general idea of the symptoms met with in the average case, so that we can arrive at a prompt, nay, an immediate diagnosis, on which the life of the patient so often depends. We should also be familiar with the different phases of the disease and the course of each, so as to be able to arrive at a prognosis on which the question of operation hinges.

An attack of appendicitis usually begins suddenly, with abdominal pain, which may be diffuse or be referred to the umbilicus or epigastrium. It is colicky or paroxysmal in nature and runs through all the grades of severity, from a condition of apparent collapse, to suffering which does not confine the patient to the bed or even to the house. It ultimately settles, as a rule, in the right iliac fossa. With the pain is usually associated vomiting, the ejecta consisting of the contents of the stomach and bile. The bowels are apt to be confined, although diarrhœa may be present. As a cause for such an attack we usually find a dietetic error, overloading the stomach or indulgence in some particular article of food or drink that disagrees, exposure to cold, or overexertion, or, in the female, expected menstruation. I might say, incidentally, that there may be a temperature rise and a pulse acceleration.

Here, then, is a picture calculated to mislead any one not on his guard—an attack of indigestion or menstrual colic. Hence, I would repeat a proposition I have already made, *i.e.*, that every case of *ab-*

dominal pain should be viewed with suspicion, that every case of the kind should be subjected to as rigid a physical examination as one of suspected pleurisy or pneumonia. And why not? Are these and kindred diseases any more frequent, or are they any more fatal than appendicitis? Do they kill as quickly and, therefore, is an early diagnosis any more important?

The patient is made to lie prone and first observed. The right lower limb is sometimes slightly drawn up, or the patient prefers to lie on the right side, curled up. The abdomen may be somewhat distended, and this distension shows itself more particularly in the right lower segment. So much we have seen. We now palpate, and with a definite purpose, *i.e.*, to find or exclude rigidity of the right rectus muscle, and tenderness, particularly to point pressure over the appendix. The left side of the abdomen is first systematically palpated, with the fingers of one hand, going from above downward, and with gradually deepening pressure, the patient's attention being diverted from our ultimate object. The tension of the two recti is then compared, first one and then the other being lightly and deeply palpated, care being again exercised to prevent voluntary fixation. The right will usually be found more rigid than the left. The right side of the abdomen is then palpated in the same manner as the left. A tenderness will be found in the iliac fossa, and this is verified by comparison with the left side. Lastly, a spot is selected one-third of the distance from the anterior superior spine of the ileum to the umbilicus, on a line drawn between these two points, and the forefinger is pushed into the abdominal wall. A corresponding point on the left side is similarly pressed upon, and control experiments are made over the abdomen generally. This will show undoubted tenderness at this, the McBurney point. Rectal and vaginal examination are of but little value, particularly at this stage.

With this examination and the complexus of symptoms just described we should be able to arrive at a diagnosis of appendicitis, and that at once. There may be variations, there may be occasional difficulties in diagnosis, but with this picture clearly in our mind we can at least recognize the disease at its onset, when it is not associated with other troubles and when it is not obscured by subsequent complications or sequelæ.

As to the varieties of appendicitis we can classify them as follows:

1. Acute appendicitis.
2. Subacute appendicitis.
3. Hyperacute or fulminating appendicitis.

Again, as to the immediate results, we can say that an attack of appendicitis may end by resolution, may go on to a localized, fibrinous peritonitis, or to a septic infection either by perforation or escape of micro-organism. This septic process may form an abscess, which very rarely may be extraperitoneal, because a portion of the organ is so situated. In the vast majority of instances, however, this abscess is intraperitoneal, protective adhesions making it a localized, suppurative peritonitis; as a rule, these adhesions date from a previous fibrinous peritonitis; or, in the absence of protective adhesions, a general septic peritonitis may be set up, either rapidly (fulminating) or slowly (sneaking and progressive), according to the quantity of poison thrown out. This is well exemplified by experiments on rabbits with cultures of the common colon bacillus. The intraperitoneal abscess, on the other hand, when the adhesions forming its walls are recent and soft or are subjected to a sudden strain, may leak and produce, according to the extent of the leakage, a fulminating peritonitis, a sneaking one, or one abscess after another among the intestinal coils, until, finally, a general septic inflammation is present. Lastly, the abscess may burrow and open in every conceivable direction and produce the constitutional and local effects of any pus accumulation.

The remote results are of two kinds :

1. Recurring appendicitis.
2. Relapsing, or chronic appendicitis.

In the former, attacks recur with varying frequency and severity, until one of the immediate results mentioned above develops, or, occasionally, until they cease, as time may prove, for good.

In the latter variety the attacks also recur in like manner, but the patient is not free from tenderness and pain in the interim, and, sooner or later, perforation or extra-appendicular infection takes place. In these cases a local fibrinous peritonitis or a small encysted abscess is usually present. Occasionally, when seen, the changes are still confined to the walls and mesentery of the appendix.

Let us now analyze the symptoms a little more fully.

The *facial expression* has been of great use to me, both in a diagnostic, as well as a prognostic sense, and to the experienced eye it will often foretell impending disaster in obscure cases. In the beginning of an attack, the expression means little beyond distress, amounting to the hippocratic face in cases that are collapsed. It is when it indicates the pain of tenderness in the right iliac fossa, at the time of perforation or when abscesses are forming, that it is of

value. It is also an important guide in a beginning peritonitis, when we can recognize a suspicion of the facies abdominalis. I well remember the expression of a colleague whose hernia had come down and been but partially reduced, the omentum remaining. The bowels were moving regularly, and he felt perfectly well, beyond a little local tenderness and fluid effusion, which were attributed to the taxis. I had watched him for several days, when I noticed a beginning haggard look; then he told me of a peculiar burning at the roots of the pubic hair. Incision showed beginning gangrene of the omentum, which was excised and reduced in time.

The *tongue* is almost always coated, flabby, and shows the marks of the teeth. This has become to me a symptom of considerable value, suggestive as well as corroborative. In its absence I would look for additional proof of the correctness of the diagnosis. One of the signs of improvement during the subsidence of an attack is the fact that it clears up and gets firmer.

The *vomiting* is usually that of an overloaded stomach, a beneficial one, and consists of undigested food and bile. It should cease when the stomach is emptied. Persistent, or, later, projectile vomiting, should make us suspect obstruction, while the bubbling over of fluids that seem to well up in the throat, so to speak, whether or not a faecal odor is noticed, is one of the ominous signs of that dread enemy, septic peritonitis.

Distension may be present early and be general, that of constipation, of the arrested or reversed peristalsis of the obstruction or ster-coral theory. This disappears with the return of peristalsis. Should it persist and be associated with vomiting, it is a serious condition. In obstruction we have, besides the character of the vomiting, rapid, general distension, intestinal movements that can be seen, as well as distended individual coils of gut, and the presence of gas sounds on auscultation. When this distension comes on after perforation, it is more gradual, associated with the vomiting and face already described, and the intestinal sounds gradually disappear. When they are totally absent the case is hopeless (Richardson). Quite frequently the distension is local, in the right iliac fossa, and is supposed to be due to paresis of the intestinal coils in the immediate neighborhood of the irritated appendix. Such a "tumor" is by no means uncommon at the very beginning, and gives a tympanitic note on percussion. It is to be distinguished from the uncommon, sausage-shaped, doughy, dull tumor resulting from impaction of feces in the cæcum. The later tumor of an encysted abscess is

more clean cut, resonant, perhaps, from overlying intestine, and very tender.

Constipation is an almost constant symptom, and may be absolute, no gas being passed until the attack begins to subside. It is also present in mechanical obstruction and the intestinal paralysis of peritonitis. Freely moving bowels always give us a sense of security in a subsiding or even doubtful case of appendicitis. The treatment of this constipation has caused some discussion. As the appendix is out of the faecal current, the probabilities are that it is not much affected by a purge; this is dangerous, however, when intestinal coils are walling in a beginning abscess, and hence it should not be given when a distinct, tender tumor is made out. At the onset of an attack, and, in fact, until the vomiting has ceased, purgatives are not kept down, and aggravate the latter. Hence, resort should be had to enemata, low and high, of plain water, of turpentine in water, or pure glycerin. Once the stomach is empty, salines, calomel, or castor oil are given until free peristalsis is established, after which the bowels are kept moderately loose. Let me add that opium should never be administered in any form, as it masks our only prognostic symptoms.

Occasionally, a *diarrhœa*, irritative in character, that is, frequent, scanty, and associated with much straining, may be present, but it is more apt to appear with the subsidence of an attack, or to precede it, or to be the tendency between seizures.

Pain is always the initial symptom, and is attributed, as already stated, to errors in diet, cold, traumatism, menstruation, or no cause is known. At the beginning it is wave-like and paroxysmal in character, that of an ordinary colic. It may be diffuse, or be referred principally to the epigastrium or umbilicus, but it may be felt anywhere, right or left, above or below, its location having absolutely no diagnostic value. Most mistakes are made by relying on this symptom. The fact that the superior mesenteric plexus supplies the appendix, and that nerve irritation is apt to be felt at the nerve extremities, accounts for the former location, while the situation of the great sympathetic ganglia explains the latter. We find the same pain in strangulated hernia. Pressure upon a tender appendix usually causes pain which is referred to the umbilicus. Sooner or later, this pain generally becomes localized at the seat of mischief; then it is of diagnostic as well as prognostic value. It may be intense, even sickening, when perforation takes place, and indicates, also, by its location, the point of perforation, or abscesses distant

from the McBurney point. I have found localized pain in one spot after another quite a constant symptom during the development of multiple abscess. With the onset of a general peritonitis it usually disappears.

Tenderness, is after all, the deciding symptom; without it we cannot make a diagnosis. When made out at the McBurney point it is almost pathognomonic. I have found the appendix in almost every conceivable position, and abscesses or perforations at a distance from this point, which represents the base of the appendix, its attachment to the caput coli, but, with slight variations, this was always *one* of the tender spots. In one case the appendical abscess was in an inguinal hernia, and yet this point was exquisitely tender and led to a correct diagnosis. Associated with a distinct tumor it indicates abscess, and its coexistence in other locations shows the onset of other lesions. Its greatest value is prognostic, its increase, its persistence, or even its stationary character being important danger signals.

Associated with the tenderness and corroborative of it, is the *rigidity of the abdominal wall*, particularly of the right rectus muscle, which has already been referred to. A universally rigid, retracted abdomen usually points to fulminating peritonitis.

The *drawing up of the right lower limb*, also corroborative of tenderness, is inconstant, and generally a late symptom. It is quite common with abscess, particularly where this rests on the psoas muscle.

The *temperature* is given entirely too much prominence, and is probably of no diagnostic, although of moderate prognostic value. It has often caused a false sense of security until too late. It usually rises moderately at first; this is more marked in children, variable in adults; and it falls with the subsidence of the symptoms. A normal or subnormal temperature, perhaps, should be more feared than a high one. With impending or beginning protective perforation, we usually have a rise, and this goes on to a characteristic septic temperature with the formation of abscesses. The onset of peritonitis usually causes a fall, the more marked according to the rapidity of its spread, and the amount of the infective material. Before death from peritonitis it usually rises. On the whole it would probably be safer to discard the thermometer altogether than to rely on it as is now done.

The *pulse*, too, is over-estimated. It is unquestionably quickened, and when peritonitis sets in we are told of its characteristic pulse.

Two cases that I at present recall have decidedly shaken my faith in its value, at least in patients we do not know well. In both I had reason to expect a pulse of 120 to 150, and yet it was 85 and 90. Fortunately I operated. When they recovered, the normal pulse was found to be 50 and 60. A quickening pulse, decreasing in volume, is a bad symptom, and the converse, a good one.

Respiration will vary according to the amount of abdominal tenderness and distension.

The analysis of the *urine* is principally of use as a means of differential diagnosis, aside from what it tells us of the patient's operative chances. It will usually be scanty and contain a little albumen and indican. If bile be present, our suspicions would be aroused as to obstructive hepatic trouble, while the microscope might direct our attention to the kidney as a cause of the symptoms. Dysuria, tenesmus, and even retention are by no means uncommon. Occasionally pain is referred to the testicle which may be retracted.

We now naturally turn to the logical inference of these symptoms and classification, the prognosis. By this we mean not only the prospects of death or recovery, but also the indications for and against operative interference, as well as the value of the different symptoms in deciding this point. An analysis of my cases shows one pertinent fact, *i.e.*, if we operate in time all the cases get well; if we operate too late, provided nature has not come to our rescue, the patient dies. This experience is a unique one, for operative mortality is entirely absent. I do not wish to be understood, however, as making light of operations for appendicitis, for they undoubtedly have a mortality; but this is nothing as compared with that of waiting, which, at the lowest estimate, must be from 15 to 20 per cent.

The first requisite of success, then, is to make an immediate diagnosis. Once this is made, especially if the physician is thoroughly impressed with a case he has lost by delay, the patient is safe. I find such men usually need restraining rather than urging.

Given an acute, honest attack of appendicitis, and the symptoms should subside, as in one of indigestion, in a few hours, six, eight, ten or twelve, or after the bowels have been moved. In other words, such a case within this time should tell us unmistakably that it is getting well. Should the symptoms persist or increase during this time, or, to be *very* conservative, for twenty-four hours, in general the danger of an operation is much less than that of waiting. Again, at any of these named hours, if the symptoms, and, particularly, the pain or local tenderness, become worse, or even remain stationary,

after beginning to subside, the danger of waiting overwhelmingly outweighs that of surgical interference. Lastly, if at any time during the one, two, or three weeks of convalescence, or even after recovery, tenderness at the pathognomonic point recur or get worse, it is better to cut than to wait.

On the other hand, the subacute, dishonest attacks are to be feared, because they are not recognized and because they are so treacherous in their results. The same indications must be our guide: persistent or increased tenderness, before or after subsidence, and the signs of abscess formation or peritoneal infection.

I am convinced that the one-week, then five-day and then forty-eight-hour time-limit must be further reduced to twenty-four hours *or less*. The diagnosis, and even the prognosis, must be settled long, before this and operation either decided on or done at or before this time.

Some 70 or 80 per cent. of attacks get well without operation, and the vast majority of them indicate that they are going to do so in much less than twenty-four hours.

Some 10 or 15 per cent. save themselves in spite of us, that is, nature shuts off the leaks, and we have encysted abscesses which evacuate themselves alone or by aid of the scalpel. They all show their danger signals within this time.

Some 10 or 15 per cent. more would die but for surgical aid, given in answer to this warning. The fact that this warning is not heeded in time causes the mortality of appendicitis.

There remain but the rare cases of hyperacute appendicitis which represent one per cent. or less. There is no way of distinguishing such attacks from those which are going to recover, and before we can look for the earliest possible subsidence we are confronted with a sudden picture of fulminating peritonitis or septic intoxication. They are probably doomed within a few hours. Richardson operated a patient at the end of six hours, and yet was probably several hours too late. Such cases can only be saved by operating every attack of appendicitis at its inception. Were this done the operative mortality in all hands would probably be greater than the death-rate of this class.

Two-thirds or more, then, do not require operation; about one-third can be saved by operation, or nature's method of cure, improved upon by recognizing the indications within the twenty-four hour limit. One per cent. or less cannot be saved.

There remain the cases which are operated between attacks. My experience with this class has been, I must confess, fortunate, for I

know of deaths that have not been reported, and statistics show a small mortality. Of the two varieties, recurring and relapsing appendicitis, the latter are those calling for operation, as a rule. The indications in any case are, persistence of tenderness between attacks, repeated seizures, increase in their frequency or severity; interference with the general health, which may show itself as disturbances of digestion or invalidism from pain; occupation of the patient, or residence and travel at a distance from skilled surgical aid. I find now that the surgeon has rather to restrain, than urge patients in operations between attacks, such is public opinion in our large cities, and while I write to urge on my colleagues the necessity of recognizing the disease at once, and operating early *during attacks*, I would counsel discretion in the matter of preventive operations, or those *between attacks*. In fact, some of the requests for operation I have met with make it assume an almost cosmetic character, *e.g.*, a parent asks us to circumcise his boys, and remove the appendix from all his children.

When should we not operate in appendicitis? Let me say a word here to my fellow-surgeons: We have been in the habit of operating every case, no matter how hopeless, in order to give the patient the only chance, hoping against hope that we might be wrong as to the exact character of the lesions, and taking, therefore, the blame which is always laid at the door of an operation, to save a life. There are a couple of recorded operative successes in such cases, and there is, also, at least one published recovery by leaving such a patient alone.

Should we not rather say frankly to the family, not perhaps, that we are called in too late, but that operation offers one chance in a thousand, or less. Let them decide whether they will take this chance, or give their loved one euthanasia and a peaceful death, with a still more remote possibility of recovery.

A distended belly, bubbling over of intestinal fluids, possibly of a fæcal odor; absolute silence on auscultation over the abdomen; complete constipation; small, wiry, rapid pulse, climbing temperature; embarrassed respiration, and hippocratic face, are a combination which we know too well to be fatal when once well established. I have operated such cases, and so have others. Should we not, for the sake of our art, restrain our hands, let the blame fall where it will. It is not a question of courage but of judgment. The time has come when an enlightened public has awakened, and demands that the physician recognize appendicitis at once, and call in the surgeon in time. Let us "read the writing on the wall."

ANALYSIS OF PERSONAL EXPERIENCE, WITH ILLUSTRATIVE CASES.*

In looking over my records, I find that I have operated for appendicitis ninety-one times, thirty-four of these being done since January 1, 1894.

To these might be added twelve operations for abscess of more or less obscure origin, and in various locations, which I am convinced were due to appendicitis, but concerning which there was an element of doubt. Including these, the total number would be one hundred and three.

Again, I have operated on three cases in which I had previously made the probable diagnosis of a condition originating in the appendix, but in which the cause was either in the uterine adnexa on the right side or could not be demonstrated. Fortunately the resulting conditions were such as to imperatively demand surgical interference irrespective of the cause.

Of these ninety-one operations, sixty-six were performed during attacks, and twenty-five between attacks. There were no deaths in the latter class. Of those operated during attacks, in thirty-four nature had encysted the infection, forming localized abscesses. Fifteen of these were evacuated *across* the free abdominal cavity, while in nineteen the abscess was attached to the abdominal parietes, and was evacuated without opening the free peritoneal cavity. If we add to these the twelve cases of somewhat doubtful abscess, we have forty-six more without a death, *but* these forty-six (or thirty-four) cases were operated too late, or, rather, not early enough, as a leak or an extra-appendicular infection had taken place before the condition was recognized or surgical intervention undertaken. Had nature not come to the rescue with her protective adhesions, septic peritonitis would have sealed the patient's fate.

This peritoneal infection has been, in my operative experience, the only cause of death. Thus, I have operated twenty-four cases in which a more or less general, septic peritonitis was present, that is, free, non-encysted pus in the abdominal cavity. As far as the purpose of this paper is concerned, it is not necessary to enter into the subject of cultures made from this effusion. In five of these an encysted abscess had suddenly ruptured; two recovered. In five more there were several encysted pus collections among the intestines in

* Abstract of a paper read before the Southern Homœopathic Medical Association at Chattanooga, November 15, 1894.

different portions of the abdomen, leakage from which had gone on until, finally, a general septic peritonitis was established. All of these died. On the other hand, I have met with one case of such multiple abscesses, operated before general peritoneal infection had taken place, which recovered. Of the remaining fourteen, nine died. In two, there was a coincident, acute, mechanical bowel obstruction. As regards the proper time for operation, these twenty-five cases also were operated too late.

There remain six cases in which no unprotected, peritoneal infection had as yet taken place, and which were therefore operated in time; they all recovered.

Lastly, I have operated one case of fulminating appendicitis, in less than ten hours from the onset of the attack, with a fatal result.

The following table will show at a glance the substance of the above data. It is worthy of note that of seventy-eight (or certainly sixty-six) cases operated during attacks, only six were operated, strictly speaking, early enough, while it is a question in the seventh, the case of fulminating appendicitis, whether we can ever operate this class in time.

Cases operated during attacks,	Number of cases.	Not operated in time.	Number of deaths.
1. <i>Abscesses</i> :			
(Transperitoneal route),	15	15	0
2. <i>Abscesses</i> :			
(Extraperitoneal route),	19	19	0
3. <i>Abscesses</i> :			
(Extraperitoneal route; doubt as to origin),	12	12	0
4. <i>Abscess</i> :			
(Multiple; transperitoneal route; no general peritonitis),	1	1	0
5. <i>Peritonitis</i> :			
(Non-encysted, suppurative), . . .	14	14	9
6. <i>Peritonitis</i> :			
(Non-encysted, suppurative, from ruptured abscess),	5	5	3
7. <i>Peritonitis</i> :			
(Non encysted, suppurative, from multiple abscesses),	5	5	5
8. <i>Fulminating appendicitis</i> ,	1	?	1
9. <i>Acute Appendicitis</i> :			
(Without general peritoneal infection or abscess formation),	6	0	0
	78	71	18
Cases operated between attacks,	25	0	0
	103	71	18

Aside from this personal operative experience, I have gone through my records to find the histories of all non-operative cases. I have been consulted in seventy-nine cases with a view to deciding the question of surgical interference. I cannot get the data of my hospital experience in this connection, as it would be a next to impossible task to hunt through the entire records of several hospitals for such cases.

Of these, five cured themselves by emptying the abscess into the bowel, one by evacuation into the rectum, another by spontaneous rupture externally; while two died from the escape of pus into the pleura, and two more refused operation and succumbed. Fifteen were operated at some subsequent time, while the balance recovered from the attack or attacks in which they were seen without requiring surgical interference. A number are still under observation with a possibility, if not a probability, of coming to operation. This very fact is one of the greatest stumbling blocks in the matter of the comparative statistics between medical and surgical treatment. A patient has eleven attacks; in ten he is "cured" medically; in the eleventh, while *being* "cured" medically, a general septic peritonitis develops; the surgeon opens the belly, and the patient dies. Result: cures by medical treatment, 100 per cent.; deaths by surgical treatment, 100 per cent.!

Of course, the majority of cases a surgeon sees are operative, as most physicians do not call him until dangerous symptoms are present. Still I think the proportion of cases not operated, as above cited, will exonerate me from any accusation of unnecessary operating, while the proportion of cases operated too late, as well as the horrible mortality, when general peritoneal infection has taken place, will emphasize the importance of early operation. In justice to myself I should add that, with but very few exceptions, I have operated as soon as practicable after seeing the patients.

ILLUSTRATIVE CASES FROM THIS YEAR'S WORK.

(1) Miss T., thirteen years old, was suddenly taken in the evening with severe, diffuse, paroxysmal, abdominal pain and vomiting. Menstruation was expected; the bowels were constipated. The McBurney point was exquisitely tender. A dose of castor oil was given by the mother, and before morning there was free purgation with a subsidence of all symptoms; unmistakable proof, in other words, within eight or ten hours that the attack was over. The iliac pain and then the tenderness persisted for some ten days, during

which time she was kept rigidly in bed, strictly dieted and received the indicated remedial treatment; but the latter symptoms steadily subsided without interruption. Recovery was complete, and no tenderness or pain has been felt since (six months). This was her first attack.

Here was a case of average, acute appendicitis, appendicular colic, as it is termed by some, or, by others, stercoral appendicitis, the escape of the imprisoned fæces bringing the attack to an end.

(2) Mrs. W., sixty years of age, was taken at 4 A.M. with the same symptoms as in Case I., but they were of greater intensity, producing a condition of collapse, which apparently bordered on death; diffuse abdominal pain, vomiting, constipation, coated flabby tongue, cold extremities, pinched features, rigid right rectus muscle, and exquisite tenderness over the appendix. The bowels could not be moved even by high enemata. By noon, when I saw her, under the administration of camphor by Dr. J. H. Reading, she had rallied and most of the symptoms were gone, with the exception of a diminishing right iliac tenderness. The bowels were then freely opened with salines, and the tenderness continuously subsided, until it had entirely disappeared in a week. So far as we could discover this was her first attack.

This is another instance of acute appendicitis, with more severe symptoms. In eight hours or less the attack was practically over, and the remaining tenderness progressively and uninterruptedly disappeared.

The lessons to be learned from these two cases are: (1) the early subsidence of the symptoms or an unmistakable turn towards recovery, certainly within twelve hours, and (2) the progressive and uninterrupted subsidence of all the symptoms, particularly the tenderness.

(3) Master J.—, æt. 8 years, was taken in the morning with severe colicky pain, vomiting, constipation, etc.; almost the same symptoms as in Case 1. I saw him soon after noon and found the characteristic face of peritonitis, flat, even retracted, hard abdomen, and exquisite tenderness all over the right side, but most marked just below the rib border (the cæcum in children may persist in its fetal location up under the liver). As soon as preparations could be made, the abdomen was opened and the following conditions found:

The cæcum was up under the liver, the appendix, a miniature one, was completely gangrenous, unprotected, not perforated, and there were no gross evidences of peritonitis, neither injection, serum, nor

pus. Early the next morning the child was dead. The symptoms were those of an overwhelming septic intoxication, with purging, vomiting, both blood-stained, wild delirium and then intensifying coma.

There is no way as already stated, of distinguishing such fulminating cases from those that are going to subside, until too late.

A somewhat similar condition may suddenly develop in consequence of the rupture of an abscess. Here the symptoms are rather those of collapse. I have succeeded in saving two such cases, in one only because nature stopped the avalanche, weakly and temporarily it is true, limiting it clumsily and partially, to the right side of the abdomen, while in the other, instant operation saved the patient. On the other hand, I lost a patient last summer, because she was up and about until she finally consulted her physician, who found an encysted abscess. She was at once ordered to bed, but before she could be operated, rupture took place and established a diffuse peritoneal infection.

On the other hand, it would be interesting to know the condition of the appendix in Cases 1 and 2, those that recover, that do not go on to gangrene or perforation. I had the good fortune to observe what was probably such an appendix in a case of strangulated hernia.

(4) Middle aged male, with strangulated, right, oblique, inguinal hernia of less than twenty hours' standing, which had been subjected to severe taxis under ether. Aside from the usual symptoms, which could be attributed to hernia, there was the undoubted appendical tenderness to point pressure. The intestine, the lower end of the ileum, was gangrenous, and some six or seven inches required resection, the ends being united by Murphy buttons. The appendix was in spasm, pointing southeast and curved forward. It was evidently full of something, which could not be squeezed out by pressure, and after removal, when laid on the table, it emptied itself of a mass of soft faeces. Its walls and mesentery were thickened, and gave evidence of chronic, inflammatory changes, plus some acute vascular injection. It may be worth while incidentally, to note the after history of the buttons; the case being septic, the abdomen was packed with gauze. On the fifth day the wound was dressed and the buttons, one of which was in the colon and the other in the ileum, were found to have escaped, and to be lying loose in the caecal pouch. They were not passed until the fifteenth day. The pack proved very useful, because the line of union, which was ideal in its intestinal

extent, leaked at the mesenteric junction. The fecal fistula has since closed.

The condition of the appendix in this case, one which I have met with several times during attacks, might, in some minds, raise a doubt as to the necessity of operation. It also supports the obstructive or stercoral theory. In order not to multiply cases I will discuss the question here. Such appendices have been always filled with fluid (cystic) or with feces, and could not be emptied before excision. They were in a state of spasm and curved forward or to one side. Their walls and mesentery showed evidences of chronic inflammatory changes, but beyond a moderate, acute congestion they presented no signs of perforation or gangrene. All the symptoms disappeared after excision, which was undertaken on account of the persistence of pain and tenderness. These are the cases that often get through by the aid of that treacherous siren, delay. I can say, however, without hesitation, that they are much safer operated than let alone. We can only prove this by analogy. I have operated for the same reasons, at the end of similar periods of time, and found the appendix presenting the same condition of spasm, the same curvature, full of soft feces or fluid, entirely unprotected, but instead of being simply congested, it was gangrenous. Septic peritonitis was present too, and the patients usually died. The most dangerous appendix is an unprotected one, and the only means of distinguishing between these two conditions is to await the signs of a general septic peritonitis, the presence of which seals the patient's fate. Our only safety is in operating early, as soon as the symptoms persist beyond the time of an ordinary attack of indigestion, say ten or twelve hours; or if, when subsiding, the symptoms and particularly the tenderness, get worse, or even stop improving and remain stationary. This is particularly important in mild or sub-acute cases which are very treacherous as already stated.

(5) Male, thirty-two years old, was taken with very mild symptoms a week before operation. The picture was one of ascent or aggravation for some twelve hours, and then a very gradual descent or amelioration for about five days; then a moderate increase, followed by a diminution of everything but the tenderness. On account of this symptom his physician, Dr. W. C. Powell, summoned surgical aid. When operated, late at night, every symptom was practically gone, but the tenderness, which was exquisite. Section showed an absolutely unprotected appendix, deeply injected, and gangrenous in several spots. It was surrounded by a quantity of sero-pus.

Here was a subacute appendicitis, usually treated on the expectant plan, sneaking on silently to an impending, if not beginning, septic peritonitis, which was nipped in the bud by the indication; persistence of one symptom—tenderness. I have reported an almost identical case, in which operation was too late, and a very valuable life lost.

It has been said that previous attacks, by causing adhesions about the appendix, as shown by tumefaction, greatly lessen the danger of peritoneal infection, for safe abscesses are apt to form. That we cannot always rely on this is shown by the following cases:

(6) J. I——, thirteen years old, was taken about noon with the already enumerated symptoms of an ordinary attack. Dr. I. G. Smedley made an immediate diagnosis of appendicitis at his first visit, late in the day. He saw the patient again early the next morning, when the pain had diminished, the bowels had been moved, the vomiting, and the nausea even, had ceased; the temperature had come down from 103° to 100° , while the pulse-rate remained the same. The tenderness, however, was unchanged, or perhaps increased; there was an indistinct tumor in the right iliac fossa, some beginning abdominal distension, and the boy had a suspicion of a hip-pocratic face. He had had two previous attacks; the first one quite severe and long-lasting, in fact, an illness that was thought to be a "short typhoid." He was operated in less than twenty-four hours from the onset. When the abdomen was opened, there was a gush of thin, stinking pus from the general cavity, showing an established, non-limited, more or less general, septic peritonitis. The appendix, as large as my thumb, was imbedded in old, firm adhesions, but surrounded by a beginning abscess containing a couple of ounces of foetid pus, which was seen to be leaking before it was touched. The appendix was cystic, and large enough to admit the little finger; gangrenous in spots, and perforated. The occlusion of a cystic appendix was well shown in this case, for the ligature cut through and could not be reapplied; yet there was no fæcal leakage.

This was an apparently honest attack, followed by a perforation; an attempt to form an encysted abscess, leakage, and peritonitis, all in less than twenty-four hours. Had nature failed in the first attack to form protective adhesions, this patient, too, would have been lost. As it was, he made a good recovery, and is well and hearty to-day. The coils of intestines were carefully wiped, the appendix excised, and the whole right side of the abdomen packed with iodo-form gauze. A week later, this was removed, a second toilet made,

and the wound closely sutured. It united without reaction. The indications for operation were persistence or increase of tenderness, slight abdominal distension, and the facial expression.

(7) J. B., 21 years old, was taken in the afternoon with a third attack, similar to the previous ones which had been recognized by Dr. L. T. Ashcraft, and yielded quickly to medicinal treatment followed by a saline. The symptoms apparently subsided under the same treatment, but twelve hours later he suddenly felt worse, or, as he described it, "very sick." This, with exquisite tenderness, and an expression of suffering, were the only symptoms. I could not operate him until twenty-four hours after the onset, as, strange to say, his was the third appendicitis operation that day. Section showed a gangrenous appendix, containing a concretion at the tip, where a perforation had taken place, which was protected by an adhesion, the result of a localized fibrinous peritonitis during one of the previous attacks. Excision, pack, secondary suture, and quick recovery.

The practical lesson is the sudden accession of pain, probably at the moment of rupture, during a subsiding attack, no less severe than two previous ones.

I have since operated for Dr. McLeod, a young man between attacks, who presented the condition that must have existed in this case; a soft, I might say rotten spot, protected by a single weak adhesion.

In a case of Dr. Branson's, I would have regretted operating a young lady, had she not been rendered a chronic invalid and had not the result been satisfactory, because the entire appendix, an escaped concretion and a little lump of dried-up pus were so imbedded in the cæcum that it required a most careful and tiresome dissection to liberate them. Some five years ago she had suffered from a severe and long attack of so-called peritonitis supposed to be "ovarian."

This regret was dissipated not long since by a case of Dr. J. P. Lukens, a lady who, in less than twenty-four hours, developed an intense aggravation of pain and tenderness. Section showed that an attack of so-called peritonitis seven years previously, for which many physicians had locally treated her uterus, had imbedded her appendix, in like manner, into the walls of the cæcum, so that I had the greatest difficulty in finding the little organ; in fact, would have failed but for the infallible guide, the anterior muscular bundle. And yet, within twenty-four hours, not only had the appendix become perforated, but this firm, ancient, cicatricial tissue had given way, and

had it not been for the ever-watchful omentum that pounced on the leak, surgery would have been, even then, too late. The indications were persistence and increase of local pain and tenderness and a peculiar "frown" which impressed us with these facts.

(8) M. R., 12 years old, referred to me, after a long illness, for supposed tubercular peritonitis, with enormous effusion and profound sepsis. The distension was so great and the child so nearly dead, that we began the operation almost without anæsthesia. On opening the abdomen, pus poured out, as from a geyser. It was estimated that fully two gallons were evacuated. The abscess was bounded by the floor of the pelvis below, the abdominal walls, the spine and the diaphragm. Up under the latter the intestines and the general peritoneal cavity were squeezed into an inconceivably small space. A gangrenous appendix was imbedded in the abscess wall. She made a surprising though tedious recovery.

No matter how extensive such pus accumulations may be, the prognosis is usually good if the general peritoneal cavity is not invaded. A similar case has been reported by Pollard, in which nature almost completed the cure by beginning to evacuate the pus.

When these abscesses become attached to the abdominal parietes, as in the above case, their evacuation is a very simple matter, the principal difficulty usually being to get through and through drainage, without which many are slow to heal. Encysted pus collections following appendicitis should be manipulated with great care or they will be ruptured, particularly when they are first noticed. In fact, it has been said that there is a time in the history of such abscesses when it is too late for an early operation and too early for a late one (Richardson). In other words, it is safer to wait until the adhesions grow firmer and stronger, lest, in operating, we spread the infection.

In general, it is safer to leave the appendix alone in all encysted abscesses, unless it is conveniently situated and readily gotten at, for fear of opening the abscess wall and disseminating the infection. It is far safer to dig out the little organ subsequently if its presence prevents healing.

If these abscesses do not adhere to the abdominal wall, they must be evacuated across the free abdominal cavity, and a funnel or channel of discharge must be made by a gauze pack. The outlook here, too, is good, although to prevent ventral hernia I have resorted to a late secondary suture.

(9) Miss C., seventeen years old, was taken with her third attack early in the morning. I saw her the afternoon of the following

day, and operated as soon as preparations could be made. The bowels had moved, the temperature had come down, there was no distension, etc., but the pulse was increasing in rapidity, the McBurney point was exquisitely tender, and below it was an indistinct tumor to which all pain was referred. The appendix was found hanging over into the pelvis, its tip gangrenous and perforated, and in the centre of a small abscess, containing an ounce or two of pus, walled in by old adhesions. The seat of operation was surrounded by sponges before the abscess was evacuated, its cavity cleaned, and the appendix excised. The infected area was then packed with a strip of iodoform gauze, while the general abdominal cavity was shut off by the same material. Six days later the wound was closely sutured. The result has been, in every respect, satisfactory.

Had this patient died, I should never have forgiven myself, as I declined to operate shortly after her second attack, about a year before. In fact, the attending physician, Dr. D. W. Shoemaker, and the parents, were rather anxious that I should do so. At that time her health was good, and there was no tenderness at the McBurney point, which was very characteristic during the attacks. If I had made a vaginal or even rectal examination I might have found the adhesions around the tender tip of the appendix hanging down into the pelvis.

Aside from the disadvantages and dangers already referred to, which proved that all these cases operated too late are saved by nature in spite of us, there is a constant danger of rupture of the abscess and the development of a fatal peritonitis. Sudden rupture has already been referred to, but there is a more treacherous, sneaking form of infection which goes on to the formation of multiple abscesses in different parts of the abdomen until, finally, a general septic peritonitis is developed.

(10) Master M., eleven years old, was taken on a Tuesday, last winter, with a moderate attack of appendicitis. The diagnosis of beginning typhoid was made, and the indications already referred to must have been overlooked, for I was told that he complained of paroxysmal abdominal pain, which steadily increased in severity until I saw him the following Sunday. His expression then was anxious, his temperature high, and his abdomen considerably swollen. There were two tumors, one in the usual location and one low down on the other side. Section showed a bellyfull of pus and two abscesses in the above-mentioned places, all caused by a perforated appendix.

(11) Mr. —, twenty-one years old, had suffered from several attacks, which had appeared with increasing frequency and severity; the appendix was always tender and the right side painful, interfering with all exercise. The bowels were habitually constipated, the tongue coated, the appetite variable and the complexion sallow. The abdomen was opened by a modification of the gridiron method of McBurney; an incision at right angles to a line from the anterior superior iliac spine to the umbilicus, going through the skin, fat, fascia and external oblique; retraction of this wound and a separation of the internal oblique and transversalis fibres in the above-mentioned line or at right angles to the first incision; retraction again and division of the peritonæum and its fat in the original line. The appendix was thick, pale, cystic and adherent at its extremity, while its mesentery was much thickened by chronic inflammatory infiltration. It was amputated by laying back a peritoneal flap, tying off the rest of the organ and suture of the flap and raw remnant of the mesentery over the stump. Close suture of the abdominal wound. Recovery was excellent, union primary and the cicatrix firm. The improvement in general health, digestion and color are very gratifying.

This is an example of the relapsing variety, the patient showing local symptoms constantly between attacks.

(12) Miss A., seventeen years of age, subject to frequently recurring attacks of varying severity for a year or more. They appeared of late on the slightest provocation, and even without apparent cause, one seizure following the preceding one almost before recovery was complete. When I saw her there was little or no local tenderness, but the digestive symptoms were marked and the tongue and color were bad. The abdomen was opened by the gridiron incision, double instead of triple, and an appendix found which was large, acutely bent on itself, cystic beyond the bend, not presenting any marked macroscopic abnormalities. The meso-appendix, however, was greatly thickened and showed, under the microscope, marked vascular and inflammatory changes. I have purposely avoided entering into a detailed account of the histology of the appendices removed, but they have been carefully studied under my direction.

This case is probably one of the recurring variety, for no tenderness was present. It shows the results of changes in the meso-appendix and of flexion of the organ itself. The general improvement was very gratifying.

PARANOIA.

BY GEORGE ALLEN, A.M., M.D., MIDDLETOWN, N. Y.

FIRST ASSISTANT PHYSICIAN MIDDLETOWN STATE HOMŒOPATHIC HOSPITAL.

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PARANOIA is a term which has come into use during recent years to describe a common form of mental disease. The term has been of occasional use for years, but in a vague and ill-defined manner, and only recently has its meaning and acceptance become well-defined. Its derivation is from two Greek words, *παρα*, near to, and *νοῦς*, to be wise, implying that the subject of paranoia was "near to," or had narrowly escaped the possession of wisdom. Etymologically, however, the term is rather descriptive of insanity in general than of any particular form.

Paranoia may be defined as systematized insanity or systematized delusion, this being the one universal characteristic of the disease admitted by all authors.

Paranoia is, in the main, synonymous with the following terms, which different writers have used to describe, practically, the same disease, viz.: Monomania, or monopsychosis (Clouston); delusional monomania (Spitzka); partial delirium (Bra); primare verruecktheit (Greisinger); delire systematise (Morel); monomaniac intellectuelle (Esquirol); paranoia universalis (Arndt); chronische wansinn (Schule); paranoia originaria degenerativa (Morselli).

With the exception of the English, however, most writers upon insanity are gradually concurring in the adoption of the name paranoia as a general and embracing term for all the systematized insanities. By this term, "systematized," is meant insanity characterized by delusions of a systematized nature, *i.e.*, in the language of Spitzka, delusions which "have a complex logical organization," which are "plausibly based, elaborately expressed," and susceptible of skillful defence by the person holding them; *e.g.*, a patient who was for years an inmate of this hospital, believed that he was persecuted by the Jesuits, whom he accused of making repeated attempts upon his life by poison, and thwarting all his business enterprises, and finally, of securing his incarceration in an asylum upon the false charge of insanity, because they knew him to be a man of great literary and scientific ability, and they were determined that he should succeed in nothing so long as he refused to join the Roman church. His delusions of persecution took a variety

of forms during a period of nearly forty years, but were always firmly held, the supposed reasons therefor clearly stated, and, supposing his premises to have been correct, no fault could be found with the logical process by which he convinced himself of the correctness of his position.

The delusions of other forms of insanity are, as a rule, unsystematized. They are illogical, having no basis of plausibility; they are often expressed in a confused and uncertain manner, and the patient cannot argue with any skill or show of reason in their defence, but merely reiterates his false beliefs in the face of the most convincing proofs of their falsity; *e.g.*, a case of melancholia who persists in believing that his bowels are obstructed, and that nothing passes them, though having regular daily evacuations, is the victim of an unsystematized delusion.

Most authorities hold that paranoia is a chronic form of insanity, and though Westphal described an acute form, other competent observers have not concurred in recognizing an acute variety of the disease.

Some writers maintain that paranoia is always a primary form of insanity; while others affirm that it is always secondary to mania or melancholia. Still others, and this is evidently the correct view, believe that, while it is often primary, it may occur as a secondary form. Some Italian writers would classify all forms of paranoia as secondary, because they hold that the primary cases are always hereditary, and are, therefore, really secondary to an insanity or neurosis in some ancestor.

Clouston says the disease may arise in four different ways:

(1) It may be the gradual evolution of a natural disposition—a proud man becoming insanely and delusionally proud; a naturally suspicious man becoming insanely suspicious.

(2) It may be secondary to mania or melancholia, remaining as the permanent brain result and damage after these forms of insanity have subsided. Such patients seem to recover up to a certain point, but no further.

(3) It may be due to the action of alcoholic or syphilitic poison upon the brain and body, or to traumatism of the brain, to sunstroke or to gross lesions.

(4) It may arise from perverted organic sensations in constitutional diseases characterized by lack of trophic power and brain anæmia, notably tuberculosis.

He further says that there is usually a predisposition to insanity in these cases.

Spitzka agrees with these views in the main, believing that the disease usually develops on an "inherited taint of insanity or a transmitted neurotic vice." He also thinks that great emotional strain and the continual harping of the mind on one subject may be an important factor in its ætiology.

There occurs in some cases as a primary or developmental stage of the disease a period of introspection and self-examination, a sort of hypochondrical stage, in which the patient feeling that something is wrong is disposed to look within for the cause. He accordingly analyzes his feelings, studies his functions and is disposed to exaggerate any physical or mental peculiarities or defects which he may note in himself. Paranoia is, however, not often recognized in this stage. But it is not improbable that cases of hypochondrical melancholia, if their history were carefully followed, would be found to develop into well-marked cases of paranoia. It is, therefore, well to bear this possibility in mind in examining cases of insanity which show an exalted personality with hypochondrical tendencies. Cases thus beginning gradually develop delusions of persecution as an explanation of their supposed sufferings. Paranoia is usually first recognized as such in the stage when delusions of persecution become most pronounced.

Sanders, in 1868, first described inherited or degenerative cases of paranoia under the name of "Originare Verrucktheit." Such cases show certain somatic signs or stigmata indicating a defective or unstable, nervous and mental organization. Among these are a symmetrical cranial development, one-sided bodily defects, strabismus, lack of musical sense, inability to pronounce certain consonants in childhood, and in general bodily defects similar in kind, though not in extent, to those which characterize imbecility. Often, too, these persons show precocious and unusual intellectual abilities in certain directions similar to that which is seen in some imbeciles. In both instances the manifestations are those of imperfect development or unstable nervous organization, usually the result of heredity. These ill-balanced and erratic individuals seem often to have narrowly escaped the possession of genius. W. W. Ireland, in *The Blot on the Brain* and *Through the Ivory Gate*, discusses numerous great historical characters whom he believes to have been insane, some of whom might be classed as victims of paranoia.

As children, these cases of heredity, which afterward develop into paranoia, are peculiar. They are considered "queer." This may cause them to be unpopular and lead to them being much by

themselves. They are given to musing and dreaming; they read much in a miscellaneous and desultory way. They are usually egotistical, impressed with their own importance, easily angered, given to violent outbursts of temper. Naturally suspicious, their treatment by others, whether real or imaginary, increases their suspiciousness, till the condition becomes a morbid one. This condition once inaugurated finds abundant material for growth on every hand. His diseased imagination sees actions which he deems suspicious in every passer-by; in every conversation he finds a hidden meaning, till, finally, he comes to believe himself a victim of organized persecution. Around this central delusion of persecution once firmly established, in whatever variety of the disease, he may arrange his ideas in ways which give rise to the different forms of systematized insanity described in the books. One finds an explanation of his supposed persecutions in "celestial or diabolical intervention," and he becomes a so-called "religious paranoiac;" another, his explanation in the love of some "ideal or earthly beauty," and he becomes a case of "erotic paranoia;" imaginary offences against conjugal felicity give rise to "jealous paranoia," and so on. Each, starting from the original central delusion of persecution, may develop any one of the different forms of the disease, according to the explanation which he adopts to account for his imaginary discomforts; and yet the disease in all is essentially the same, having been evolved out of the systematized delusion of persecution common to all.

As the disease progresses, hallucinations are likely to arise. In fact, hallucinations may be among the early manifestations of the disorder. Any of the senses may be involved, but hallucinations of hearing are commonest; those of touch and smell are less frequent; and the visual are quite rare, their presence being denied altogether by some observers. The auditory hallucinations may be the basis of the patient's delusion, *e.g.*, he may believe that he is a prince, an emperor or a prophet, because he hears a voice which tells him that he is. His hallucinations coincide with and confirm his own egotistical notions, and furnish him with an explanation for the persecutions which he believes he suffers, *viz.* : the jealousy of his enemies on account of his exalted rank. His actions are made to harmonize with his false beliefs. His faith, in the voices which speak to him, increases because he believes that they interpret to him the will of a higher power, and as this belief becomes fixed his obedience to the voice becomes absolute and implicit. He will obey commandments thus received even though involving a homicidal attack upon his

dearest friend. He comes to believe that he is not subject to those moral and civil laws which are binding upon the rest of mankind, but that he is guided by that higher Power which is the author of all law. He comes practically to believe himself sane, and all the world beside insane.

We can readily see how dangerous to society this class of insane may become. There is no act criminal or otherwise to which they may not be impelled under the guidance of their delusions. Their false beliefs become absolute, and dominate them without reserve.

The delusions of the paranoiac may be reduced to two, giving rise to the two recognized forms of the disease, viz. :

1. Paranoia with delusions of persecution.

2. Paranoia with delusions of ambition or grandeur. The latter has been subdivided into :

- (a) Religious paranoia.

- (b) Erotic paranoia.

- (c) Jealous paranoia, etc.

Delusions of persecution and grandeur may be associated primarily, or the ambitious delusion may arise as a logical outcome and explanation of the delusion of persecution. He believes he is persecuted, therefore he must be great : or he believes he is great, hence his persecutions. In either case his greatness is assured, and his supposed persecutions explained. His hallucinations do not by any means always confirm his belief in his greatness, but if not they usually add to his persecutions. He hears vile names applied to him, people on the street mock at him, the cough or sneeze of a passer-by is a signal of his enemies, and means harm to him, therefore he argues that he is a person of importance of whom others are envious and whom self-interest impels to compass his suffering and death. If he lives in a monarchy some fancied resemblance to the reigning family leads him to believe that he is of royal blood, and thus an explanation is furnished which satisfactorily accounts for his persecutions, and at the same time flatters his egotism and self-love. And so in countless ways arise delusions of pride, ambition, or grandeur. When this stage is reached there occurs what seems like an actual transformation of personality. The patient actually believes that he is the exalted personage that his hallucinations or false logic tell him that he is, and he accordingly assumes the bearing, the air of command and the manners, and even the dress of the king, general, prophet, or Messiah that he believes himself to be. And with it all there comes to him a feeling of satisfaction amounting almost

to exaltation, in place of the previous condition of annoyance and depression which he suffered on account of his supposed persecutions.

But these states of exaltation and depression differ from the similar states that characterize mania and melancholia. The exaltation of mania is accompanied by excitement, incoherence, and a general carelessness of manner not witnessed in the logical, self-satisfied demeanor of the paranoiac with exalted delusions. On the other hand, the depression of melancholia has its centre in self and one's own shortcomings, while that of the paranoiac is occasioned by the supposed misconduct of others.

The paranoiac's belief in persecution is not always, at the outset, clearly defined, either as to its source, character, or purpose. A vague belief that people, for some unknown reason, are harming him in some way not clearly understood may be all that the patient will admit, but sooner or later his false beliefs take a fixed and definite shape. The patient's place of residence, the times in which he lives, his education and moral and religious training may have much to do with determining the character which his delusions assume. Since the use of electricity has become so general, paranoiacs have come to entertain delusions of persecution by this agent, believing that wires run into their rooms conducting electrical currents for their torture. They believe that they hear voices speaking to them by telephone; or they have heard of mind reading and the like, and they believe their thoughts are known to others, or that others influence their thoughts, compelling them to think vile thoughts, or presenting vile pictures to their minds, or forcing profane and obscene speech from their lips. In former days, when demoniac possession and the influence of witches were matters of common belief, delusions upon these subjects were more frequent; and there are even now patients in the Middletown Hospital who firmly believe that they are persecuted by witches; and in an adjoining county a homicide was recently committed by a son in order to rid his father of supposed persecution by witches.

Some bodily irritation, due to a pathological condition, or, possibly, to hallucinations of touch, may determine the direction of the paranoiac's delusion. Thus, an abdominal tumor may, by the irritation of its growth, lead a woman to believe that she is pregnant; and from this, if a virgin, she easily acquires the belief that her condition is due to some angelic or satanic visitant. Other female paranoiacs imagine that they are ravished by men who visit their

couches at night, and by making specific charges of this kind against particular individuals may cause much trouble. Male paranoiacs, who suffer from seminal losses, often acquire the delusion that their substance is being taken from them by malign influences, and are very revengeful against those whom they believe to be the perpetrators of this sort of persecution.

Paranoiacs are often impelled to make a change of residence in order to escape from their supposed persecutors. They move from place to place, gaining at times temporary respite from their troubles, but, eventually, as a rule, some overt act or peculiarly insane manifestation leads to their apprehension and confinement. Under restraint, recognizing the necessity of self-control, they are often able so effectually to conceal their true mental condition as to deceive experienced observers. In this hospital, paranoiacs have so effectually concealed their delusions for weeks as to defy the efforts of the entire staff to discover them. Time and careful observation will, however, usually make manifest the insanity which they are trying to conceal. The greatest care should be exercised in setting at liberty these patients, particularly if they have ever shown dangerous or homicidal tendencies.

Paranoiacs are sometimes the subject of imperative conceptions which are beyond their control, and may lead them to the performance of certain acts. These are sometimes harmless, and attract attention only on account of their eccentric character. Of this class, the great Samuel Johnson was a notable example, and often upon the street, and in the presence of others, would go through certain strange motions, to which he seemed impelled by some powerful impulse. His was a harmless imperative conception, but not all are of this kind. With some there is a homicidal impulse, with others an impulse to burn or destroy property, while with others strange sexual perversions exist, to the practice of which their victims are impelled by these controlling morbid influences. These influences should not be exalted into forms of insanity *per se*, as has been done by some writers, who speak of homicidal mania, pyromania, kleptomania, and the like. These are merely symptomatic indications, showing the directions in which the impulses of a lunatic may lead him.

Spitzka says that paranoia or, as he calls it, "monomania" includes at least one-fourth of the chronic insane population. Certainly there can be no doubt that in its wider sense paranoia furnishes a large and important part of the chronic insane population of any country.

The prognosis in paranoia is, as a rule, unfavorable. Those cases which show physical signs of degeneration may have remissions, but recovery is hardly looked for; nor in any form is treatment likely to be of avail except in the earliest stages. If recognized early the physician may possibly, by wise, kind and judicious management, so gain the confidence of his patient that he will listen to advice which, if kindly and wisely given, may assist the patient in surmounting his false beliefs. As a rule, however, argument and entreaty are alike of no avail and only serve to place the one giving them in the ranks of his so-called persecutors. It is not common for paranoia to terminate in dementia, though it may do so, and some degree of mental failure may be apparent after the disease has existed for years. As a rule, however, the disease, when once established, remains without special change for long periods of time.

The diagnosis of these cases finds its only difficulty in the rectitude and concealment of his delusions by the patient. If the patient can be induced to talk freely of his beliefs the recognition of the disease becomes an easy matter. Treatment should be directed primarily toward the preservation of the patient from the dangerous acts into which his delusions may lead him, as well as to the preservation of society from the acts of the patient. This necessitates his seclusion in some hospital or retreat where he may be subjected to regular habits and methods of living and surrounded by such judicious means of control as are lacking in himself.

The careful study of the patient's symptoms and the administration of the proper homœopathic remedy should not be neglected.

The following are some of the mental symptoms which seem to indicate the usefulness of the remedies named in paranoia :

Aconite.—"Ideas haunt the patient; he cannot get rid of them."
"Ideas seem to come from the stomach." Here we have, apparently, the fixed and annoying ideas of the paranoiac with the location from which he thinks they come.

Apis mellifica.—The patient is apt to be jealous and more or less erotic—symptoms which may lead to the use of this drug in the jealous form of paranoia.

Baryta carbonica.—When walking in the street the patient imagines people are laughing at her or criticising her to her disadvantage. The patient is overwhelmed with an evil apprehension. This drug may prove useful in degenerative cases, who, even as children, "do not want to play, but sit alone in a corner, doing nothing."

Chamomilla.—The patient imagines he hears the voices of absent

persons at night. Chamomilla is likely to correspond well to the irritable, easily-angered, self-assertive victim of paranoia.

Cuprum.—The patient is “imperious” in manner, “announces himself as a commander-in-chief.”

Drosera.—The patient is depressed by the persecution of others on all sides.

China.—The patient has the fixed idea that he is unhappy and persecuted by enemies. Thinks she is very unfortunate and harassed by enemies.

Hyoscyamus.—Jealous, with a predominance of sexual ideas; amorous and obscene.

Ignatia.—The patient has the delusion that she is married and pregnant; very apprehensive; fearful of some great misfortune.

Sabadilla.—The hypochondrical case who imagines she is pregnant, and has numerous erroneous impressions as to the state of the body; that he has a cancer; that his limbs are shrivelled, etc.

Lachesis.—The patient believes he is under the influence of some superior power. Uses exalted language, is jealous and loquacious.

Staphisagria.—Hypochondrical cases believed to be caused by unmerited insults. Useful in masturbators.

Veratram alb.—Imperious. Delusions of pregnancy or cancer. Religious cases.

Platina.—Mania of pride and grandeur. Patient is very haughty and dictatorial, overbearing and faultfinding, looks down with disdain upon others.

If, in addition to the mental symptoms, other well-marked characteristics of the drug are found in the patient, the remedy may be prescribed with a reasonable assurance of benefit. Careful attention should, of course, be paid to the diet, which should be liberal and nutritious. The bowels should be carefully looked after, and great benefit is likely to result from frequent enemata of large quantities of hot water, slowly injected so as to secure free and thorough flushing of the large bowel. By frequent baths and massage, the functions of the skin and superficial circulation should be stimulated. Careful examination should be made for all reflex causes which may be operative, and their removal secured as speedily as possible. This may require treatment of diseased conditions existing in the various orifices of the body, gynecological procedures, the fitting of proper glasses, the treatment of nasal disorders, or any of those measures which remove disease whenever existing, and tend to render the entire man sound, for only thus can we hope to secure *mens sana in corpore sano*.

The following few of many cases from the hospital records are given as illustrations of paranoia :

E. T. H., was admitted in 1893, with a history of having been arrested in New York for firing a pistol at some children whom he believed to be annoying him. He was formerly a resident of Norfolk, Va., where he lived during the late war. He was a college graduate, and had two brothers who were homœopathic physicians, and he had himself studied homœopathy as a layman. In a letter written to one of the trustees of this hospital he gives an account of supposed persecutions as long ago as 1858. Having loaned a young man some money to go into business, and the return not proving successful, he says : "How I was baffled it would be useless to detail, except so far as I believe it was done (by corrupting the poor young man) through the instrumentality of the Jesuits, who had, for peculiar reasons, known to them but not to me, been watching and noting me as a remarkable person from my youth, particularly after an *eclat* gained at college, and who had resolved to keep me in obscurity, so long as it was possible, if they could not get me into their Roman church ; and to baffle me, as they are very able to do, under ignorant surroundings, in any attempt to exhibit either talent or benevolence, in business or otherwise, or to, in fact, in any way escape from obscurity. . . . During the civil war I was at home in Norfolk ; was not concerned in the war in any shape, manner or form. . . . Being at leisure whilst the war was in operation, I devoted the four years to study and improvement, and developed into a first-class poet, with the purpose finally adopted of making a special profession of dramatic writing of the very highest type." He believed himself able to write poetry and dramas in no way inferior to the productions of Byron, Shakespeare, or any of the great English poets and dramatists. His literary ventures, however, did not gain a ready publication, and he again speaks of his enemies : "No person in the South was better understood and appreciated in Washington than I was, except by General Butler and others in the interest of Romanism and plunder." He had now added General Butler to the list of his persecutors, and long after coming to the hospital the mention of General Butler's name would call forth fierce maledictions upon this his supposed enemy. Speaking of General Butler, he says : "He and that party, which was and is strong in the government initiated, and have continued a base and groundless persecution, to prevent my appearance in any form before the public. My business has been headed off in every direction ; and since the year 1864 I have been liable to disparagement, calumny, and ruffian attacks, which have culminated finally in my incarceration here on pretense of insanity, which every one concerned in the affair knows is a fraud and a lie of the worst, because most infamous, most false, and most injurious character." After his arrival here, he believed that poisons were constantly administered

to him in his food, and that from his knowledge of the symptomatology of the homœopathic materia medica he was able to recognize the particular poisons given him from time to time. He kept a record of these poisons, and the following is an excerpt from a record he kept for years on this subject:

1883.—*Mem. Drugs in food. Asylum, Middletown, N. Y.*

April 23d.—Something bad in tea. Chilly this morning.

April 25th.—Coffee tasted of a tincture.

July 3d.—Some drug affecting bowels.

July 4th.—Arsenic. Felt badly all day.

July 10th.—Toast sat particularly before my plate, always bad.

Opium.

August 13th.—Have been trying white bread for a week or more. Effect, drowsiness and constipation. Opium.

October 3d.—Cantharides in coffee for some days.

October 23d.—Decided opium symptoms.

November 4th.—Drugs again in beef and cabbage. Talcott called yesterday, and I have noticed that the drugging is always worst after his visits.

And so he goes on for many days. The patient continued in these beliefs to the time of his death in 1893, having been a victim of delusions of persecution for about thirty-five years or more. His delusions were fixed, systematized and chronic, and probably developed upon an unstable neurotic basis due to hereditary taint. He did not suffer from mental failure during his residence in the hospital, and he died of a chronic bladder trouble, with his mental vigor unabated, and cherishing his delusions of persecution to the last. He had also delusions of grandeur so-called, for back of his delusions of persecutions was his belief in his great ability as a scholar, a scientist, and a poetical and dramatic writer. His supposed persecution and his final incarceration being, as he believed, a scheme of the Jesuits and General Butler to prevent his coming into prominence unless he would embrace Romanism. He kept a journal in cypher, and pretended to predict eclipses, earthquakes, and unusual natural phenomena. He read the daily papers, and when not upon his delusions would converse in a very intelligent, scholarly, and agreeable manner.

No. 2. (Case-Book No. 3992.)—Female; æt. 42; married; father and mother were first cousins: one sister died insane, and another sister is said to be "queer."

This patient has for some time had delusions of persecution, believing that her sister-in-law was a medium, and exercised malign influences upon herself and husband. Believed that her husband, who was an old man, was most subject to these evil mediumistic influences, and that she (patient) must combat the "medium combination," as she called it. To accomplish this, she threatened her husband with a revolver, and beat him and made attacks on him at night, till he became afraid of his life. Besides threatening and maltreating her husband, she burned pork and used horse shoes to

counteract the malign influence of the "medium combination." Her belief was evidently in no way different from a belief in witchcraft, and the persecutions of the supposed witches, she met in the regulation way by charms, ceremonies, beatings, etc.

The patient was a case of paranoia inheriting a neuro-degenerative taint of insanity, and presenting delusions of persecutions only. While in the hospital she developed the same delusions of persecution against the nurses and certain patients.

No. 3. (Case-Book No. 3312.)—Female, æt. 45. Is a bright, handsome, intelligent woman, who had been insane for one year at the time of admission. She believes she is the victim of a conspiracy, and that she is persecuted by persons unknown to her and by unseen agencies, which she believes to be electrical. She says her trouble began in November, 1890, when her persecutors began shaking her bed at night and preventing her from sleeping. Later, by electrical influences, they worked upon her face and eyes at night, torturing her terribly, and distorting and disfiguring her face, making her chin more prominent and her cheek bones higher, and producing an aged and wrinkled appearance of the face and eyelids. Sometimes she explains her supposed persecutions by saying it is a battle between the aristocracy and the plebians to alienate her from the ranks of the aristocracy. She reads the newspapers carefully, and imagines that various articles refer to her. Having read in the papers something about Peter of Rome, she told the doctor one morning that Peter of Rome was trying to secure her photograph by means of a kodak pointed through a ventilating register in the wall of her room. At another time she says she thinks her persecutions are in some way connected with the number 6. Again, she dreads the influence of the Dog Star, etc. Her nights are evidently filled with suffering, when she is sleepless, on account of these imaginary tortures, which she believes are due to electricity in the hands of her enemies. A woman named Gray having been placed in her room to sleep, she imbibed the idea that her persecutors were about to change the color of her eyes from brown to gray, and appealed to the doctor to prevent it. The character of her suffering is usually the same, and it is likely that the sensations upon which her false beliefs are based are much the same at all times; but her interpretations of these sensations vary as various explanations are suggested to her by newspaper reading, companions, surroundings, etc. She, at times, suffers from disturbed digestion, and at such times her delusions are more active. She is not demented; her memory is good. She is bright, vivacious, a good musician, etc., but is a paranoiac, and dominated almost entirely by delusions of persecution by unseen agency.

No. 4. (Case-Book No. 4074.)—Male, æt. 25; well developed physically, except an unevenness and irregularity of the cranial surface posteriorly. This patient has always been disposed to worry unduly about unimportant matters; naturally of a suspicious nature. At one time, seven or eight years ago, became suspicious of those with

whom he worked. Believed that they were talking about him. After awhile this passed off. Later, he acquired the belief that he was influenced by others, and made to think, say, and do things against his will. After an attack of grip this false belief took more definite shape, and he believed that Superintendent Byrnes, of the New York police, was shadowing him; that the superintendent was able to read his thoughts and compel him to commit certain acts. Since his admission to the hospital he has improved somewhat. To some extent he realizes his condition and is anxious to get well. But he easily becomes suspicious of patients and others with whom he associates. At times he has hallucinations of hearing.

Many other cases might be cited from the records of the hospital. The foregoing, however, are deemed sufficient to illustrate the common varieties of the disease.

A REPORT OF TWELVE CASES TREATED WITH STANNUM IODIDE.

BY M. D. YOUNGMAN, M.D., ATLANTIC CITY, N. J.

So far as I know there exists no published provings of stannum jod. I have seen from time to time accounts, chiefly in medical journals, of its clinical use. What I relate about it is gathered by personal clinical experience with it. Not at all *scientific* data I admit, yet I hope not without some interest or profit.

Theoretically I hold that a homœopathist has no right to report any remedy of which he cannot furnish a reliable, scientifically made proving, for upon such proving only can a true prescription be made. Practically, the busy doctor picks up many facts and points of practice, disjointed and obscure oftentimes; that, without being able to give a reason for the faith within him, he finds of great practical (clinical) value, and makes use of.

I opine that if a proving were made (or has been made) of stannum jod. it would show many of the characteristics of both stannum and iodine, but like its relatives, arsenic jod., antimonium jod. and ferrum jod. it would present many new phases and powers not possessed by either of its component metals, but entirely the result of their association and reaction upon each other.

From my experience with the remedy I have gathered the following general data of its action. Like all the metals it is a deep act-

ing and long acting drug, and it has in my hands been chiefly of value in those chronic chest diseases characterized by plastic tissue changes, and the twelve cases I am going to report speak of its use in this class of disease.

It is a wonderful "tonic" like arsenicum jod. and ferrum jod., and has been of value in several cases of neurasthenia of melancholic complexion. It is chiefly indicated in those lung troubles of catarrhal origin where we find agglutination of the air-cells and minor bronchioles constituting a plastic consolidation of the lung tissue, which is of slow progressive formation rather than in those cases of the same pathological state existing as the remains of an acute pneumonia, capillary bronchitis, grippe, etc. It is of prime value in cases that "hang fire," acting in the manner as our old-school friends would express it, of "an alterative" imparting an energy and tone to the whole system, and determining the hesitating recuperative process in the right direction.

It has one peculiarity of action, probably inherited from its ancestor, stannum, which, if I was not opposed to "keynotes," I would be tempted to demonstrate as such, to wit: "A persistent inclination to cough, excited by a tickling dry spot in the throat; sometimes in one place and sometimes in another, often apparently at the root of the tongue. This cough, which begins as a weak sounding cough, accompanied by shortness of breath, soon gathers strength and sound and execution, induces the raising of a free copious pale yellowish secretion; which at first, for five or ten minutes or so, gives a sense of great relief and satisfaction, but which is soon followed by a feeling of dryness, weakness in the throat and chest, and increases oppression.

CASE I.—Girl, æt. 16, pale, chlorotic, emaciated. Had a hard dry cough, which after coughing awhile made her hoarse, scraped feeling in pharynx, copious expectoration of mucus, which was bland in character and so sticky that it dried in a lump of the same size as when it fell in the cup. Kali bichromicum had been given with good effect, together with a general constitutional treatment. Stannum jod. 3x trit., was given, and gave such gratifying results in the direction of relief and final disappearance of the cough, that it was continued for over six months.

CASE II.—Man, æt. 40, was an inveterate smoker of tobacco, had a hard dry cough, and plenty of expectoration after he got it started; said it came from the throat, and was ascribed by himself to his use of cigars. Physical examination revealed consolidation in areas of

the middle portion of the right lung; temperature 100°, pulse 90, weak feeling in chest after coughing. Iodine and drosera had been given. Stannum jod. 3x trit., was prescribed, and was quickly followed by amelioration of all the symptoms. He was ordered to Golden, N. M., at an altitude of 10,000 feet, where he now is in perfect health, and as his wife writes, "freed from his disgusting habit of smoking."

CASE III.—Man, æt. 32, in the second stage of phthisis pulmonalis, "coughing his head off," to use his own expression. Under the care of one of the most careful prescribers in New York. Had all the symptoms of this stage fully developed; was weak, perspiring, oppressed for breath, and unable to sleep during the night for persistency of cough and expectoration. Physical examination showed consolidation of both lungs in areas, small cavity in right. Was taking stannum met., which he said had benefited him more than any other remedy he had taken. When he got too much oppressed he resorted to hydrogen peroxide, diluted, which acting as an expectorant gave him great relief, but he thought it affected his stomach. I substituted stannum jod. 6x trit., which gave him relief as far as the cough and oppression was concerned, and so gratified him that he indulged in hopes of ultimate recovery, and this remedy continued his greatest comfort to the time of his death. Although he often abandoned it in an effort to find one that would cure him, he was always glad to return to it.

CASE IV.—Woman, æt. 71. Had had "chronic bronchitis" for forty years. Had been prescribed for by doctors of all schools and no school, and had a box of medicines of her own, from which I often watched her prescribe with much amusement and admiration. Gallic acid 2x was her stand-by when I met her, and I induced her to take iodine exclusively for one year, under which she improved very much indeed in every way. I then gave her stannum iodide 6x trit. with excellent results.

CASES V., VI., VII. and VIII.—Were all cases of advanced phthisis with copious expectoration, bland in character and exhausting. The stannum jod. was prescribed because of my confidence in its ability to lessen expectoration, lend tone to the pharyngeal and faucial muscles in their tiresome labor of pumping up the abundant secretion and the general tonic effect. While, of course, there was no lasting benefit, the relief afforded was gratifying to both patient and physician.

CASE IX.—Miss H——, æt. 30. An only daughter of a widowed mother; typewriter by profession. Her mother came to me and

told me her daughter had been "running down" for over a year, was thin, without appetite, had night sweats occasionally, and had a cough with copious yellow, morning expectoration. "But then she has had that for years," "it runs in the family; I have it." I gave her *arsen. jod.* 3x, and prescribed *syr. hypophor. comp., U. S. P.*, and told her to send her daughter to me when the medicine was gone. When she came I was distressed on having her bare her chest to find impaired respiratory murmur and prolonged expiration, with a foreboding quiet in the apices of both lungs. I gave her *stannum jod.* 12x trit., and ordered a bicycle—much against my prejudice—and to-day she is well and free from cough.

CASE X.—This should have been included with Cases V. *et seq.*, but for its marked testimony to my subject. Mr. N——, æt. 53, in the last stage of phthisis. I was asked to see him with a friend in a city where I was visiting. He was greatly distressed by the incessant cough and the copious sticky expectoration, which seemed ample in quantity, but gave no relief to the feeling of fulness and oppression to chest. The patient was evidently dying and beyond the doctor's aid, but his distress was painful to his poor wife and family. My friend had prescribed *tart. emet.* 30th, *kali bi.* 200, and lastly *china* 1x. The man's distress impressed me so much that I suggested a hypodermic of morphia and pilocarpine, or morphia and apomorphia as a palliative. At this my friend demurred, fearing that in the weakened condition of the patient the amount of morphia I proposed would narcotize him until he passed beyond the vale. I then proposed *stannum iodide* 3x trit., which was given and continued until his death, with the most satisfactory relief after about six hours.

CASE XI.—Miss N——, æt. 26, a frail delicate young woman with a short, dry, hacking cough but abundant expectoration, weak scraped feeling in pharynx and trachea, expectoration sweetish in taste. Physical examination revealed dulness over upper lobe of left lung, harsh rasping râles on coughing. She told me she did not attach much importance to the cough for she had had that for a long time, and that it came from her stomach. I prescribed *stannum jod.* 3x and *acalphyæ* θ , which I have found a good "running mate" in incipient cases of phthisis. Also prescribed a liberal diet, Spanish port for dinner, *syr. hypophos. comp., U. S. P.*, for building material, and ordered her to the climate of Colorado, where she now is and improving daily in health.

CASE XII.—Man, æt. 47. Had a chronic cough for several years, which was pronounced "bronchitis;" had the gripe two years ago,

from which he only partially recovered, has declined in health since. There was little or no expectoration at this time.

About eight months ago he lost his voice almost completely, and with it his ability to swallow food. Upon examination the muscles of the left side of the pharynx and œsophagus were found paralyzed. Shortly afterwards a mass, which proved subsequently to be tuberculous, on the right side of the neck. Physical examination of the chest disclosed absolute dulness of the upper two lobes of the right lung. There was great oppression of breathing but no cough. His general health was very poor, and he was sadly addicted to the use of alcoholics and morphia. He was taking when I saw him four grains of the latter per diem.

Bryonia, hepar, arsenic jod., iodine and kali jod. (gr. x ter die) were prescribed with no result. Then, because the tickling which occasioned the cough was experienced in various parts of the throat, and because of his neurasthenia and debilitated condition and what little secretion there was was sweetish and flat to taste, I gave him stannum jod. 3x trit. Within two days there occurred a free, easily expectorated muco-purulent sputa, grayish-green in color, and of nauseous, disgusting, musty taste and horribly offensive odor. This persisted for nearly three weeks, during which time the oppression disappeared. Air could be heard penetrating the diseased lung in every direction, and at the present time the cough has greatly subsided, the expectoration ceased, and what little is coughed up is largely clear, transparent mucus. His general condition was much improved. The quantity of morphia is now reduced to three-fourths of a grain per diem. Of course he had other aids, as electricity, sprays for his throat, and careful feeding with good nursing, but no other medicine was administered internally than the stannum jod., and I mention this case to show its power of clearing up the lung complication which I believe to have been catarrhal rather than tubercular.

About the time we had the lung pretty free the tarso-metatarsal joint of the right great toe became tuberculous, and the mass in the neck growing rapidly, the patient was removed to Hahnemann hospital for the removal of the toe and the mass in neck. This is a very unpromising case, but so far as the stannum jod. was concerned it did its work well.

HEREDITARY SYPHILIS OF THE MIDDLE EAR.—M. Chambellan has reported two cases of hereditary syphilis of the ear, manifesting itself under the form of fibrous otitis media. It is of interest that this variety, which has never before been described, should be recognized.—*La Médecine Moderne*.

CONSEQUENCES OF DISEASES OF THE NERVOUS SYSTEM
UPON THE EYE.*

BY CHARLES LESLIE RUMSEY, A.M., M.D., BALTIMORE, MD.

EVERY fact which bears upon the exact localization of the diseases of the nervous system is entitled to careful study, as the experience of the last ten years has demonstrated that the surgical treatment of nervous diseases must rest upon accurate diagnosis. Within the past decade many observers in Europe and in this country have devoted much attention in examining the eyes of patients affected with lesions of the nerve centres, and much has been written upon the intra- and extra-ocular manifestations of such diseases.

It cannot be denied that ophthalmology is one of the most advanced of all the branches of medical science. In considering the intimate relations of all parts of the human system with the eye, we would naturally expect to find that a knowledge of eye diseases would be of material assistance in enabling the general practitioner to arrive at a correct diagnosis of disease processes in localities remote from the organ of vision.

The wish, however, should not be father to the fact. Those who are honest in their endeavor to advance the science of ophthalmology must carefully record examinations. It is better not to lean too much upon old authorities—some ophthalmoscopic examinations must have existed solely in the brain of the observer.

It is well to comprehend what that unique instrument, the ophthalmoscope will *not* do as well as what it will do.

The condition of the pupil sometimes speaks volumes to the physician. We know that there are two centres for the action of the pupil; one of which controls it in what is known as its accommodative action, and the other presides over its reaction to light. When the eye is fixed upon a stationary object, we see clearly only that part at which we look.

The surrounding zones are seen with increasing indistinctness as we pass from the point of fixation to the periphery of the view until a point is realized where everything fades from sight. The view thus obtained with the single eye is the field of vision; this is a map

* Lecture delivered in the "Preliminary Course" at the Southern Homœopathic Medical College.

of the visual power of the entire retina from the macula lutea to the ora serrata. The visual power is designated V. F., and the only reliable method of taking the V. F. is with a perimeter. Of these there are many varieties from which to choose. We often gain important information as to the locality of the intra-cranial lesion upon study of the V. F. The most frequent form is homonymous, hemianopsia or blindness of corresponding halves of each V. F. (the nasal of one side and the temporal of the other), and in these cases the lesion will be on the opposite side of the brain, involving either the optic tract or the cerebral substance.

Cross hemianopsia presents two varieties: First, absence of the temporal half; and second, absence of the nasal half of each eye. In the first variety the lesion involves the chiasm. In the second, which is very rare, the lesion may involve each side of the chiasm or the outer side of each nerve.

In *miegim*, or sick headache, there are often transient attacks of blindness or interruptions in the V. F., sometimes of a zig-zag form. The cause of this phenomenon is probably ischaemia of the retina.

In optic neuritis, interruptions in the V. F. are common. They may be peripheric or central. The central scotoma are usually regarded of less gravity than peripheral limitations. In optic nerve atrophy, defects in the visual field are frequently seen, and most often they begin with peripheral limitations on the temporal side. Sinuosity of outline is suggestive of an unfavorable diagnosis.

In locomotor ataxia or *tabes dorsalis* there is a degeneration with subsequent atrophy and sclerosis of the posterior columns of the spinal cord and the posterior roots of the spinal nerves. Duchenne divides the disease into three stages:

First. Paralysis of certain cerebral nerves, especially those presiding over the senses of sight, hearing, and taste; pains of electric character with sexual excitement followed by diminution. This stage may last four and five years, and even longer.

Second. Paretic debility with loss of co-ordinating power in the voluntary muscles with loss of sensibility. This stage may last ten years or more.

Third. The preceding symptoms are exaggerated and characterized by well marked paralytic spasms.

The eye symptoms are of great importance. There is a variety of disturbances of the function of the eye and its appendage, as diplopia, strabismus, ptosis, vaso-motor and secretory irregularities

as tear dropping. What characterizes *tabes dorsalis*, however, is the optic nerve atrophy. This shows in a gray color of the papilla upon the outer half, extending slowly over the inner half of the optic nerve. The disturbances of vision consist in reduction of acuteness of vision in proportion to concentric narrowing of the field of vision and disturbances of color. This reduction is very slow, covering ten or twenty years, and closing with complete blindness. The process is progressive. When a central scotoma occurs, beware of a complication. The accommodation remains long preserved. In syphilis, the accommodation suffers early, in *tabes dorsalis* the paralysis of the eye muscles is intermittent, in syphilis, it is constant and develops gradually.

Friedrich's disease, or hereditary ataxia, is a combined posterior and lateral sclerosis. Its characteristic feature is its congenital tendency and its appearance in several members of the same family. In contrast with locomotor ataxia, this disease presents, as a rule, no ocular paralysis, no optic nerve atrophy, no trophic changes; nystagmus, however, is often present.

Myelitis is an hyperæmia with extravasations and fatty degeneration, involving the whole or isolated portions of the cord. The symptoms are numbness and tingling in the extremities, tremors of the muscles, hyperæsthesia developing into paralysis and anæsthesia. The symptoms depend upon the localization. In myelitis the acuteness of vision is frequently reduced and the papilla approaches a neuritis.

Tumors of the spinal cord present a papillitis quite in the same form as in the brain, but less distinct. Hirt (*Berl. Klin. Woch.*, 1887, No. 3) found immobility of the pupil, left side ptosis, paralysis of the external recti muscles, and, on post-mortem, fifteen to twenty cysticercus cysts were situated in the upper part of the spinal cord underneath the pia mater.

Concussion of the spinal cord (as railway spine) frequently presents eye symptoms. If it be in the territory of the lower cervical or upper dorsal vertebræ, there is irritability or paralytic appearance of the sympathetic. Cases are recorded where there exists necrosis of the nervous elements of the retina, with destruction of the small and large vessels and hæmorrhagic retinitis. This is by no means a trivial disease.

Elongated cavities are occasionally found in the spinal cord. The terms *hydromyelia* and *syringomyelia* are used to distinguish them—the former derived from the liquid contents and the supposed anal-

ogy to hydrocephalus, the latter from the tubular shape. In some cases there is simply a moderate distension of the central canal. No doubt these cavities may be congenital, as they are frequently associated with hydrocephalus. There also exists nystagmus—narrowing of the field of vision—and later this condition is frequently accompanied with optic neuritis.

In *multiple neuritis* there is an interstitial or parenchymatous change in the nerves, which leads to destruction of nerve elements and finally atrophy. In this there is a numbness of fingers and toes, muscular cramps, especially of the gastrocnemius and solens muscles.

The paralysis affects the extensors more than the flexors. Sensory symptoms vary. If disturbance of vision exists, we find axial neuritis; in this we find central scotomata, with disturbances of color. This is likewise found in intoxication amblyopia, which also presents a grayish-red cloudiness to obliterate the inner (nasal) boundary, but the outer (temporal) boundary reveals a white appearance. Much depends upon what nerve or nerve plexus is implicated. By seizing the posterior root of the spinal cord, especially if inflammation increases, symptoms appear which bear a strong analogy to tabes dorsalis and is called pseudo tabes dorsalis.

Landry's paralysis, or paralysis ascendens acuta, is characterized by a paralysis commencing in the lower extremities and rapidly ascending.

Eye symptoms rarely occur unless cranial nerves are affected, and are a valuable differential diagnosis from multiple neuritis and tabes dorsalis.

In *diseases of trigeminus* inflammation of the ophthalmic division extending to the end branches may lead to herpes. Disturbances of sensation may ensue to complete anæsthesia, causing neuro-paralytic keratitis, with its consequences. Nervo-paralytic keratitis is an infectious inflammation caused by traumatic loss of substance. In neuralgic conditions there is frequently dilation of the pupil (mydriasis). Gerhardt (*Arch. für Klin. Medin.*, xv., 1 and 2), in a high-graded neuralgia of the second and third branches of the trigeminus, found hyperæmia of the retina and pulsation of arteries in eyes of the affected side.

Diseases of the facial cause disturbances of eye muscles if they be of a peripheral nature.

Hysterical derangements of vision involve an important category in diseases of the eye. Hysteria is a neurasthenia which leads to

various functional disturbances—sensory, motor or visceral. The name hysteria was applied to this disease with the idea that a disturbing element of the uterus was the essence of the disease. The disorder occurs frequently in quite young girls, in boys and occasionally in men. This term is likely to be retained, as it sufficiently indicates a disorder.

In testing vision in this condition, we find the acuity of vision and the extent of the visual field changes frequently. The patient responds to contraction of the field of vision and the color limits are not according to the rule. Hysterical patients will complain of incapacity of the eye for any exertion. In making this diagnosis, examine eyes most carefully for error of refraction or muscular deficiency.

In four out of five types of hysterical blindness, it is one-sided. To detect this, use prisms to see if blind eye is used. If muscles are implicated, there is a complication. Charcot believes the one-sided concentric limitation of field of vision, with more or less reduction of central vision and sensitiveness to color, are characteristic symptoms of hysteria.

Five out of six hysterical patients had hemi-anæsthesia, all of the left side, with achromatopsia or dyschromatopsia, and Charcot describes the arrangement of the color fields in hysterical subjects as follows:

“There are colors for which the visual field is physiologically more extensive than for others, and these differences in extent of the visual field are always reproduced, following in every case the law for each color. Thus the field for blue is the largest; yellow, orange, red, green follow in order, and, last, violet is perceived only by the most central portions of the retina. In the pathological state with which we are concerned, these characteristics of the normal condition appear in some sort exaggerated, but in varying degrees.” Instead of simple concentric diminution of the color fields, some of the French patients had a reversal of the order of occurrence of the colors, and some bad cases had absolute loss of the color sense, seeing everything, as Beruntz phrases it, “like a sketch in India ink.”

Many of these cases have been carefully studied for color and general pain and touch-sense in the clinic of Dr. S. Weir Mitchell, at the Infirmary for Nervous Diseases in Philadelphia, some of which are reported in the *American Journal of the Medical Sciences*, vol. xcviii., p. 466.

Traumatic Neurosis.—Some authors deal with this as a separate disease, while others deny it a special category. It depends upon the trauma, as paralysis of eye muscles due to fracture of base of skull—loss of vision by fissures through the optic foramen.

Concussion or other injuries of the brain or eye-ball may develop an inflammatory disease within the eye, resulting in gradual impairment of vision and even to the destruction of the eye. Let me say there may be a sympathetic or reflex influence on the retina or optic nerve, developed immediately or soon thereafter, as a result of direct lesion of the nerve filaments, or in consequences of processes of repair succeeding the injury.

From my own records, I note the following case: J. E., æt. 16, fell on his head and remained unconscious nearly five minutes. Since the date of the fall the patient has been obliged to give up all study on account of the intense pain in the head. On examination, there was found intense hyperæmic condition of both retinæ, with enlargement of veins, error of refraction, and insufficiency of external recti muscles. The retinal affection was controlled by remedies and absolute rest of eyes. Glasses were prescribed to control the error of refraction and the insufficiency. The family was advised not to have a tenotomy performed, because it was not possible to ascertain what insufficiency of the muscle existed before the fall. If the accident had not affected the muscles, an operation was advised, the necessity for which could be estimated in a year's time.

Epilepsy is characterized by sudden and often complete loss of consciousness, with convulsive movements of the voluntary muscles, occurring in paroxysms lasting from one to three minutes. The ancient Greeks, in common with the Jews and Romans, supposed it to be due in a very special manner to the influence of the heavenly bodies or of evil spirits, and called it the "Sacred Disease."

In the beginning of attack, the ophthalmoscopic examination is normal, while in its further progress there is pronounced dilation of the retinal veins.

Kirstl and Niemetscheck adhere to the belief that pulsation of the retinal veins is a constant symptom of epilepsy.

Other results of external and internal examinations of the eye are reported, some of which may have been the result of complications, so I will not allude to them here.

Hemierania or Migraine is a form of neuralgia which is generally limited to one side of the head. There is a paralytic form, in

which are symptoms of paralysis and a spastic form, giving evidence of convulsive conditions. In the first, there is enophthalmos with ptosis and miosis, with slight reaction to light. In the latter the pupil is dilated, but reacts to light. In supraorbital neuralgia there are no pupillary symptoms, but pain on pressure of nerve, which admits of differential diagnosis from migraine. A frequently accompanying symptom with migraine is a peculiar form of temporary blindness of central origin, called "scintillating scotomata." With this occurrence, French authors call it "migraine ophthalmique" (whether the scintillations are central or peripheral).

In *chorea minor* there is a great diversity of opinion as to the essential cause. Some declare it is due to a rheumatic basis; others to a diseased condition of the cerebro-spinal nervous system. According to Jackson, it is through capillary emboli, in the territory of the corpus striatum. Sydenham describes it as a "species of convulsions." Though the muscles of the face may present convulsive movements, the recti muscles of the eye are seldom afflicted. Blepharospasm exists. Swanzy reports an interesting case (*Ophth. Hosp. Rep.*, viii., p. 181) of chorea, with an embolus of central artery of retina. Sym reports the following case (*Archives of Ophthalmology*): Child, 7 years old, with chorea, had an attack of sudden blindness of the left eye. Dr. Sym states there was a mitral stenosis, but one may well believe there was an embolus of the central retinal artery. I note from my own records, in two cases of chorea, there was enormous dilatation of retinal veins. One had an error of refraction, for which glasses were prescribed, and the chorea rapidly improved; in the other, which I was unable to follow, the patient was sent to her family physician, as the chorea seemed to be the sole cause of the eye trouble. According to Stevens, of New York, chorea bears a close relationship to error of refraction.

Thomsen's disease is very rare, and hitherto only a few cases have been recorded. It consists of a peculiar rigidity of the muscles, which comes on whenever they are called into contraction by voluntary impulses after a period of rest. Thus, if a patient wishes to walk, and tries to rise from his seat, his muscles become rigid and he is unable to move. The rigidity lasts a few seconds and then relaxes. The first few steps are attended with the same difficulty, but soon the contractions become more natural, and he walks with complete freedom and ease. The tendency to rigidity seems to be increased by cold and by mental anxiety. Its pathology at present is a matter of speculation. It is commonly regarded as having a

congenital origin. Strümpell calls it "congenital mytoma." No treatment has, so far, given any relief. Thomsen, who suffered from it himself, advised a life of continued activity. The muscles of the lid and ocular muscles are seized.

Raymond (Gazméd de Paris, June, 1891), reports two cases: In one, the muscles of the lid are seized and blepharospasm; later there was developed hypertrophy of the recti internus and insufficiency; in the other case the movements of the eye were normal. If the eye was closed, intense pain followed.

Anæmia and hyperæmia of the brain and its covering often affect the retina with analogous conditions.

The hyperæmic retina may occur in strong hyperopia or myopia, and it is important to distinguish this hyperæmia from one associated with the cerebrum. With hyperæmic brain there is restlessness, irritability, sleeplessness, diffusive headache and generally contracted pupil. With anæmic brain there is sleepiness by day and sleeplessness by night, circumscribed head pain and irregular, generally dilated pupil reacting feebly.

In hæmorrhage of the brain there frequently occurs homonymous half blindness of the opposite side, which indicates a small amount.

If the hæmorrhage is in the subarachnoid or subdural space, we have convulsions and paralysis, anæsthesia and paræsthesia. The blood can filtrate in the sheath of the optic nerve, causing optic neuritis. The frequent dilatation of the pupil is explained through pressure on the motor oculi.

An embolus or emboli gives us the same appearance as a hæmorrhage. If embolus is infectious it leads to brain abscess, and this gives rise to thrombotic processes which could occur in consequence of diseased vessels of the brain. Brain abscess, thrombus or embolus, may cause an exophthalmus and immobility of the eye, insensitiveness of the conjunctiva and cornea, with its consequences, to wit: corneal ulceration and suppuration. These eye symptoms may result from meningitis, but the neuritis and venous engorgement is not so marked as in embolus, etc. In brain abscess the engorgement and neuritis is also less than embolus. Excluding infectious emboli, suppuration of the ear is a most frequent cause of brain abscess. This accounts for its frequent seat in the temporal lobes.

In brain tumor the symptoms correspond to the situation of the tumor. Pain in the head, vomiting, stupor, slow pulse, dilated pupil, together with a papillitis, present important symptoms to diagnose cerebral tumor. I remember a case diagnosed "cancer of

the stomach." The patient complained of continuous dull headaches, frequent vomiting, marked emaciation.

There existed no disturbance of the vision. There was photophobia. An ophthalmoscopic examination revealed marked hyperæmia of the papilla—almost a papillitis. The papillitis became marked, and the diagnosis "a brain tumor situated about the crus cerebri" was made. This was confirmed by a post-mortem in less than one year from the examination of the eyes. Papillitis is thus found in tumors, embolus, hæmorrhages, abscesses and other brain diseases. One may see such conditions with albuminuria retinitis, diabetes, leukæmia, but the symptoms accompanying these conditions will admit of a differentiation. An aneurism of the brain artery can cause the above symptoms. A celebrated case published by Dr. S. Weir Mitchell (*Journal of Nervous and Mental Diseases*, 1889, p. 44), is worthy of attention. A man 45 years of age complained of pain in head and disturbances of vision for five years. The eye muscles were normal. There was atrophy in both eyes of the nasal half of the papilla which corresponds to bi-temporal blindness. The acuteness of vision was one-tenth; on a post-mortem, an aneurism of an abnormal branch of the carotid was found under the chiasm.

In epidemic cerebro-spinal meningitis we find, among its early symptoms, a catarrh of the conjunctiva. According to Förster, there is an infiltration in the deep corneal layers which may become completely absorbed.

In chrome hydrocephalus we may have a papillitis, due to pressure, which progresses to nerve atrophy. Nystagmus is often present.

In progressive paralysis—dementia paralytica—the memory becomes impaired; temper irritable, and patient suffers from headache and vertigo. The patient's strange behavior attracts attention, and a characteristic symptom is difference in the size of the pupils. The voice has, more or less, a nasal twang, such as is met with in diphtheritic and bulbar paralysis. From the various records by Nettleship, Klein, Lawford, Sismelings, and a host of others, the disturbances of vision are various. The atrophy of the optic nerve is distinguished from that of *tabes dorsalis* by slight cloudiness of the papilla.

Diseases of the nervous system may affect the innervation of one or all of the motor nerves of the eye, viz., the third cranial nerve or motor oculi, which supplies the levator palpebrarum, and all muscles of the globe of the eye except the superior oblique and the

external rectus—the fourth, or patheticus, which supplies the superior oblique—the sixth, or abducens, which supplies the external recti—the palpebral branches of the superior maxillary nerve, which is a division of the fifth or trifacial nerve; this nerve is included in the group of motor eye-nerves, as its filaments are distributed to the orbicularis palpebrarum. Complete paralysis of the eye-muscles is thus due to intracranial disease. Paralysis of the single eye-nerve is rare for anatomical lesions. A paresis may come from a cold, but syphilis plays an important factor in complete paralysis. Be suspicious of such symptoms; mercury may cure the muscular affection.

If this lecture has been instructive, and should prove useful, the hour has fulfilled its mission. We have discussed but one department of a mighty structure, and its close relation to the diseases of the nervous system. I need not add that the complex organism in which each department has been made dependent upon all others, is worthy of your closest and most profound study, and the exercise of those high capabilities with which God has endowed man. Man has no nobler mission than the study of man for the relief of man in distress, and well may the study of medicine, in its broad sense, employ your best powers.

SOME REMARKS ON PLEURITIC EFFUSIONS.

BY F. P. MCKINSTRY, M.D., WASHINGTON, N. J.

(Read before the New Jersey State Homœopathic Medical Society, October 3, 1894.)

HAVING recently had considerable experience with pleurisy and pleuritic effusions, I have thought the subject I have chosen a practical one for our consideration.

Rather than treat the subject in text-book style, I shall give some results and observations from my own experience, hoping thereby to elicit a general discussion, which is always more profitable and interesting than a didactic paper. First, as to diagnosis.

Palpation, mensuration, percussion and auscultation ought to disclose the condition, if applied; but “there’s the rub.” I fear we sometimes overlook these cases from lack of applying the principles of physical diagnosis.

Frequently there are present no symptoms indicative of the true condition, and unless we are very much on our guard, we will conclude that our patient has "malaria" or is "run down," when a latent pleurisy, with subsequent effusion, is responsible for all the presenting symptoms.

Shortness of breath, be the same more or less, is the only constant symptom in my experience, and this may not be at all prominent if the patient has no occasion to exercise. Inquiry may or may not elicit a history of pain, more or less acute, in the affected side. Elevated temperature and increased pulse-rate are frequent, but by no means invariable, accompaniments.

It has been my lot to meet cases in children in which there was absolutely nothing, apart from the physical signs, to indicate the cause of ill-health.

Important as it is to early recognize serous effusions, it can hardly be called less than criminal to fail to detect pus in the pleural cavity, and yet most of us have seen cases of empyema diagnosed and treated as consumption. It is true the subjective symptoms are almost identical, but the physical signs are antipodal. I know of nothing in medicine that emphasizes the importance of correct diagnosis more than this phase of our subject. Cases on the borderland between medicine and surgery always do, and these are no exception.

Secondly, I have been struck with the clinical fact that I have never met with effusions of large amount as the result of acute pleurisy. All cases of large effusion have followed subacute attacks, with no clear history of chill, fever and acute pain, but rather an ill-defined history of lowered vitality, with, perchance, dull pain in the affected side. This would seem to be at variance with text-book statements, but if my experience tallies with yours at this point, we may ask whether our method of treatment in acute cases does not tend to prevent effusion. It is my rule to treat acute pleurisies actively (if you will allow the "bull") by putting the patient to bed, strapping the affected side, applying dry heat and giving *aconite*, followed soon by *bryonia*, which is continued for days, unless some other remedy is strongly indicated, and I must repeat that I cannot recall a case of large effusion following *acute* pleurisy. One experience does not prove anything, and I hope to hear from others on this point.

Another point of interest is the relation of pleurisy to phthisis pulmonalis. Pathologists of to-day are teaching that most cases, even of acute pleurisy, depend on the tubercular diathesis. Osler,

in his late work on practice, says, "Of late years an attempt has been made, particularly by French writers, to show that the majority of acute pleurisies are tuberculous. I confess the more carefully I have studied the question, the larger does the proportion appear to be of primary pleurisies of tubercular origin."

The British Homœopathic Society devoted its meeting November 3, 1892, to the consideration of pleurisy, and the proceedings were published in the *Journal*, January issue, 1893. In one of the papers occurs this paragraph: "Amongst the predisposing causes of pleurisy, probably the first is a tuberculous habit of body. Pulmonary tubercle is a fertile source of pleurisy and a non-inflammatory attack is often of sinister influence." Another paper states: "The relation of pleurisy to phthisis is a well-marked one." In looking over my experience I cannot say that I have been impressed with the reasonableness of the extreme proposition that the majority of acute pleurisies are tuberculous. That many consumptives present the signs of pleurisy is true, and that lung compression with its consequent pathologic changes may lead to the development of phthisis in one predisposed, is very patent, but that most cases of acute or sub-acute pleurisy, as we meet them in general practice, are caused by tubercle I am not as yet convinced. I know as an actual fact that most cases treated by me during the past ten years are alive and well to-day without a suspicion of phthisis. We cannot always accept as final the findings of pathology. For instance, when pathologists insist that membranous croup and diphtheritic croup are identical, we must express dissent. From the standpoint of pathology and bacteriology they may be the same, but from the clinical standpoint they are vastly different.

My last observation is in regard to the treatment. I have repeatedly seen large effusions disappear under the action of *bryonia*. *Sulphur* as an intercurrent is a useful remedy. Prof. J. S. Mitchell says, "*arsenicum* will accomplish more than any other remedy in the stage of effusion." I have used it in cachectic cases when indicated. Jousset, the eminent French authority, has for thirty years treated effusions with cantharis, from the tincture to the 3x dilution, and accounts it the leading drug. In the *Medical Art* for October, 1892, he cites two hospital cases showing its efficacy. "In the first a copious effusion on the left side of several days' standing, causing absolute dulness, and absence of the respiratory murmur, disappeared in three weeks under the 3x dilution. In the second case the effusion was enormous, and it was not until the eighth day of treatment

and the use of the tincture that improvement set in with free diuresis as in the first case." In proof of its homœopathicity, he states that cantharidine injected into the veins of a dog caused besides the usual genito-urinary symptoms a double sero-purulent pleurisy.

I have had but little experience with surgical measures, for the good reason that most cases have done well under medical treatment. While I thoroughly believe in the use of the aspirator when indicated, I do not believe effusion of itself, even if quite large, a sufficient indication for operation, but such cases must be carefully watched with the indicated remedy in one hand and the aspirator in the other.

The indications for operation and the mode are not within the sphere of this paper.

In empyema there can be no excuse for delay.

Empyema is a surgical disease that will brook no temporizing, but demands thorough surgical measures even to the resection of a rib if necessary to ensure free drainage.

To summarize briefly :

1. Pleuritic effusion is diagnosed *only* by the physical signs.
2. Large effusions are more frequent in sub-acute than acute attacks.
3. The possible relation of pleurisy to phthisis should lead us to use means to quickly relieve the compressed lung.
4. The treatment of effusion is by the indicated remedy or the aspirator, according to indications.
5. Empyema demands prompt and radical surgical treatment.

HOW TO PRESCRIBE FOR INFANTS.

BY MARTIN DESCHERE, M.D., NEW YORK.

(Read before the Interstate Homœopathic Medical Association, Binghamton, July 10, 1894.)

It is an old experience, and still one which every homœopathic physician will have to make for himself, that the selection of the proper remedy is by no means as difficult as the gathering of the necessary data for such selection. This being true when prescribing for intelligent persons, it gains in importance while trying to adapt the similitum to irresponsible, senseless, often unwilling children.

Our main reliance, the chain of totality, appears at first sight to be devoid of a most important link, the subjective symptoms, which absence is due to the incapability of the child to intelligently express its sensations.

But fortunately the physician has five gates of entrance to his intellect. He may substitute one for the other. While the infant cannot convey the story of its illness through the doctor's ear, it will demonstrate it to his eye, or to his sense of touch, and sometimes through the cribriform plate of the ethmoid bone, to the doctor's bulbi olfactorii.

This precludes that the pædologist must have his eyes wide open, and that he must carry his wits at his fingers' ends, for the story told by the child's attendants is often misleading, especially if he has to deal with ignorant, simple people.

Nevertheless, it will be our first duty to take the anæmnesis by questioning the parent or nurse in a systematic order before we turn our personal attention to the patient. And even ahead of that it is wise to give the mother full opportunity to render her account without being interrupted, while we take notes for a future cross-examination.

Thus we gain two points. Firstly, we find an outline for further investigation, and, secondly, we accustom the child to our presence, and do not take it by surprise, which is of great importance for the amicable relations of our little patient towards us. You know the old story of Dr. Fell.

The homœopathic pædologist will conduct the entire examination from two points of view—from the point of diagnosis and from that of therapeutics.

After inquiring into the child's age, its hygienic surroundings and its diet, a very important question will be that which bears upon the former state of its health. We have to ascertain whether the child's birth occurred at full term, whether labor was normal or if instruments had been used, whether the child was born asphyxiated or not. Prematurely-born children remain feeble and pale for a long time, often for years, and they frequently become subject to rickets. Therefore, lack of development and feebleness stand in direct ætiological connection with these points of inquiry, and will at the same time give hints for the selection of the proper remedies, as, for instance, the lime-salts, the particular one of which will come after a closer comparison. Can no tangible cause be found for the occurrence of a premature birth, and has the mother had repeated abortions, we are

justified in suspecting hereditary syphilis, and our investigation, as well as the selection of the remedy, will be strongly influenced in that direction. We will think of *hepar sulph.*; the *kalis*, *lachesis*, the *mercuries*, *aurum* in its various combinations, *nitric acid*, and last, but not least, *syphilinum*.

Next we inquire into the existence of any predisposition for disease; for instance, to diarrhœa, constipation, cough or cutaneous eruptions? During such inquiry we compare in our mind *china*, *alumina*, *sulphur*, etc.

When did the first teeth make their appearance, and in what intervals did the succeeding ones follow? Was teething accompanied by any ailment, and by which in particular?

These questions will disclose valuable information regarding nutrition and also induce a more vivid and minute recollection as to the child's development; for many a mother has entirely forgotten the transpiration of former diseases of her child, unless such ailments can be brought in direct connection with dentition. The old superstition of teething causing illness is still deeply inrooted, and ailments at that time are considered either self-evident or of no importance.

Investigate further the manner in which the child began to walk and whether it stopped walking at any time thereafter. If the mother can give no cause for a late beginning or an interruption, these facts point to rickets and will suggest *calcarea* in some form, or especially *silicea*.

For the purpose of finding heredity it is well to know the number of the children in the family, how many have died, and at what age; for we must be aware of the fact that in some families children die at a certain age of tubercular meningitis, while no tubercular history will be admitted by the relatives.

It is also important to know whether the children died who were nursed at the breast of the mother, or those who received artificial food, as on this depends, to a great extent, the advice with reference to sudden weaning.

The condition of the parents, and especially that of the mother during her pregnancy with the child under observation, forms another point for elucidation regarding a possible tuberculosis, syphilis, grave neurosis, hæmophilia or scrophulosis.

The next step will be to inquire into the status præsens. Here it is also important to follow a certain programme. Beginning with the organs of digestion, as the ones most frequently affected, we pass

on to the respiratory, the circulatory and the genito-urinary organs, the nervous system, and end with an inquiry into febrile symptoms.

In putting our question with reference to the functions of the digestive organs, it will not be sufficient to simply receive the information that the child's appetite is good or bad, but we must push our inquiry deeper. We will have to know the exact meal-hours; next, the quality and quantity of food taken; also whether much thirst is present or not.

Then we turn our attention to the manner of deglutition; the kind of eructation or vomiting. With regard to the latter, we ask whether the child vomits under certain conditions? If it does so when raised or diapered immediately after nursing, this will be of little consequence; but if it does while lying quietly, the vomiting is most probably due to overfeeding. Vomiting milk in its natural state directly after nursing has to be considered normal; but if this occurs fifteen or twenty minutes after nursing, the diagnosis will point to insufficient acidity of the gastric juice, and at the same time, *ipeac.* or *antimonium crudum* will appear before our mental eye. Should excessive acidity be warranted by vomiting of large coagula of casëin soon after the breast-milk has entered the stomach, our thoughts will turn to *æthusa*, *calc. carb.*, or *magnesia carb.*

Furthermore, the circumstances of aggravation will be important; for instance, vomiting after eating points to gastric disturbances; vomiting on change of position, to brain irritation; vomiting while or after coughing, to whooping-cough; periodical vomiting, followed by sleep, to sick headache. If vomiting accompanies high fever we may suspect an eruptive disease.

While recognizing these diagnostic hints, certain classes of remedies will suggest themselves naturally.

The homœopathic physician will also define the kind of food which induces the act with reference to vomiting after eating, and at what particular meal or time of day it sets in; also the color, consistency and odor of the ejected matter. Besides these direct symptoms, many other points may have to be investigated before the remedy can be chosen from a number suggested by the observation that the kind of vomiting in a case before us is due to gastric disturbances. All of them are easily gained, however, by strictly following the same line of investigation.

The character and conditions of the stool will have to be studied in a like manner.

Considering any deviation from the normal as pathological, our

special attention must be directed to the classification of firstly the diarrhoeal discharges, by a careful observation of all their concomitants. We will thus be enabled to differentiate between dyspepsia, intestinal catarrh, follicular enteritis, etc. Periodical diarrhoea, recurring at a certain time of the day, or on alternate days, may lead to recognize a suppressed or masked malaria.

Next, with reference to constipation, we inquire into the form of the evacuation. Constipation, relieved by a mushy stool, is of no special significance; but hard, large-formed stools are abnormal during the period of nursing at the breast, suggesting an investigation of the mother's state of health and her mode of living, as well as hinting to a line of remedies like *alumina*, *bryonia*, *opium*, *plumbum*, *veratrum alb.*, *nux vomica*, *collinsonia*, etc., to select from.

Whenever a child gives evidence of severe pain while defecating, cries bitterly, and dreads the act, we have strong evidence for *fissura ani*, and here *natrum mur.*, *nitric acid*, *graphites*, *silicea*, *ratanhia*, and *sulphur* will have to be compared.

If the stool is followed, repeatedly, by a few drops of clear blood, we will have to suspect polypus of the rectum, which the necessary physical examination will have to elucidate.

Should our diagnosis of polypus be substantiated, an honorable field for the exhibition of the efficiency of remedies selected according to the homœopathic law is opened.

The ecraseur may eradicate the diseased product, thus overcoming the immediate inconvenience. But we know that nature never produces any abnormal formations without a cause. The predisposition for such formation must be present within the organism upon the surface of which it appears. To remove it is to remove the effect; is like picking the fruit of a tree, which will nevertheless continue to produce the same until the soil on which it stands ceases to furnish the necessary pabulum for its productiveness.

"Tolle causam," remove the cause! That, neither your ecraseur, nor your knife, nor your cautery, will ever do.

Change the soil, cure your patient; and that you can do by strictly following the laws of nature, the one to be applied here being the law of "*similia*."

In the case of rectal polypus, I have seen two children entirely cured by remedies in high potencies. *Calcarea carb.*, *hydrastis*, *staphisagria*, *pulsatilla*, *sepia*, *silicea*, will come in first for comparison. I would urge, however, to abandon the routine frequent repetition of the remedy; the administration of the carefully selected

drug in a single dose of the 30th, or 200th, repeated or changed only if the symptoms demand it, will give most gratifying results.

For the purpose of subjecting our patients to physical examination, we will have to credit many objective symptoms for individual sensations, for the child tells its story by facial expression, position, certain cries, restlessness, etc.

It is wisest to begin with inspection, and we may get an advantage if the opportunity is given to observe the patient during sleep. The behavior at that time, and while awaking, will render valuable service for the prescription.

Bœnninghausen gives good points as to the position in sleep in his *Therapeutic Pocketbook*, and I have extended these hints in an article entitled "Some Indications for the Selection of a Homœopathic Remedy in Diseases of Children" (*N. A. Journal of Homœopathy*, 1884).

For diagnostic indication we find that constant change of position during sleep, without fever, is caused by nervous irritability or anæmia. Our materia medica points strongly to *ignat.* and *sabina*, *natrum. mur.*, and *ferrum, silicea*, and *sulphur*.

Such children also suffer from night-terror, indicating *belladonna*, *borax*, *graphite*, *cocculus*, *lycopodium*, *silicea*, *zincum*, and *thea*. Dr. T. F. Allen quotes Dr. G. G. Sigmond with reference to *thea*: "The ordinary effect of green tea, taken late at night, is incubus or night-mare in its most formidable shape; and many persons who, after a hearty dinner have taken green tea, wake in the midst of the night in a state of most fearful agitation and excitement; the head is oppressed, a sensation of approaching death is felt, etc."

This is an excellent hint. Children of poor parents will often be fed on bread and tea. In other instances, nursing mothers will be inveterate tea-drinkers, and their sucklings will be subject to night-terrors. A simple change of diet may be sufficient, if we find that tea has to be blamed for the disorder. *Borax*, *muriatic acid*, *phelandrium*, *pulsatilla*, *tabacum* or *sulphur*, may be prescribed; and I would strongly advise *thea* in a high potency.

Valuable indications, given by the manner in which the child awakens from sleep, are the following ones:

Awakens screaming, angrily striking about, *lyc.*, *kali carb.*

Awakens screaming and starting, throwing his hands about as if frightened, *borax*.

Awakens terrified, *graphite*, *zincum*, *acon.*, *bell.*, *cocc.*, *lycopod.*, *phosph. acid.*, *silic.*, *sul.*

Awakens weeping, *ammon. mur.*, *borax*, *carbo animalis*, *prunus*, *pulsatilla*.

Aggravation of condition when awaking, *bell.*, *bry.*, *cocc.*, *lachesis*, *nux vom.*

Amelioration when awaking, *kreos.*, *phos.*, *vipera*.

More decided symptoms are:

Belching when awaking, *alumina*, *hepar*, *silic.*

Vomiting when awaking, *arsen.*, *petrol.*, *ratan.*, *silic.*, *therid.*, *thuja*.

Suffocating when awaking, *bry.*, *phos*, *sambuc.*, *silic.*

Puffiness around eyes when awaking early, *nitric acid*.

Many more indications of this character can be found in our repertories, and they will always serve as valuable hints, but not as keynotes, for prescriptions.

Speaking of observations made during the sleeping state of the patient, and at the moment of awaking, we must not overlook certain positions which are forced during waking hours, and such a position is adopted because every other one is either uncomfortable or directly painful. The homœopath is here enabled to interpret these facts as aggravations, or especially ameliorations in certain positions, and again Boenninghausen's *Pocketbook* will form a reliable source for reference.

But also for the diagnosis we may gain serviceable indications. For instance, the child remaining immovable on its back, with its limbs lightly flexed, forms a guiding-point for acute peritonitis. Lying on the abdomen, however, may point to Potts's disease, to phlegmonous inflammation of the back, or to intense photophobia, on account of which the child virtually buries its face in the pillow.

The sitting posture, with the head thrown back, in connection with dyspnœa, indicates stenosis of the larynx; while in acute meningitis of the brain and spinal cord contractions of the muscles of the neck occur, which may also draw the head backwards, but the child then curves the body and neck sideways, taking on the position of a sleeping greyhound.

Restlessness, with constant change of position, will be found during severe headache, dyspnœa, as also with high fever, accompanied by delirium and complete unconsciousness.

Of great diagnostic importance are, furthermore, the facial expression; the expression of the eyes; the color of the face; the presence of facial œdema or a contracted, collapsed, or aged appearance of the

face; Jadelot's lines, twitching, or contraction of a certain set of muscles; the color of the lips or other parts presenting mucous membrane; the movement or collapsed condition of the alae nasi. All of these facts, when correctly observed, give as valuable hints for the homœopathic prescription as they serve for guides in diagnosis.

A great deal of importance has always been attached to the various cries of infants. No doubt the cry, in its various characters, has some diagnostic value, but we must not overrate it.

Loud, vigorous crying at birth is a very desirable event; but if the child utters barely a moan, this gives evidence of great weakness, either on account of a premature birth, or if at full term, asphyxia may endanger the life of the newly-born.

Long-continued, loud crying indicates intense pain. For the purpose of ascertaining the cause of this, it is best to entirely undress the infant and to carefully inspect not only its body, but also the clothes, diapers, and the bed, for great inconvenience and suffering may have been caused by the presence of a needle or pin, or by various insects.

Not every intense pain induces loud crying. Whenever the pain is increased by deep inspiration or by abdominal pressure or by venous stagnation, the child will avoid loud crying; it will moan instead. We are thus enabled to exclude meningitis, pleuro-pneumonia, and peritonitis in the presence of loud crying. Then, again, a number of conditions exist which our little ones announce most promptly at the highest pitch of their voices. Amongst these we have to count acute abscesses, acute affections of the bones or joints, in which the sudden screaming at the least motion of the affected limb is pathognomonic; next, dyspeptic colic, urinary difficulties, inflammation of the external or middle ear, and hunger.

Dyspeptic colic is mostly aggravated at night, with repetitions during the day. It begins and ceases abruptly, and in the intervals the child seems to be perfectly well. Discharge of stool or flatus will momentarily relieve the patient. The kicking and drawing up of the legs while crying is not as valuable for the diagnosis of colic as was formerly believed, for it may be found with severe and prolonged crying generally. Colic is found more frequently under three months of age.

Crying caused by dysuria can be recognized as occurring before the act of urinating, and immediately ceasing after that has been accomplished. The presence of uric acid, a tight prepuce, or a spasm of the bladder may be the cause.

Prof. Pollitzer, of Erlangen, mentions a very interesting diagnostic test for the corroboration of spasm of the bladder. He prescribes *lycopodium* in the form of an emulsion, which will rapidly overcome the spasm. He states the case of a girl two years old, who had eight or ten crying spells every night for four weeks and who was immediately relieved after the first few doses of *lycopodium*.

A good hint for the homœopath: If otitis causes the crying it will be increased by pressure upon the tragus or when retracting the ear, also on jarring of the body or during a sudden motion of the head; the acts of sucking and swallowing will also increase the pain. A good old practice for the sake of convincing ourselves of the presence of an earache is to drop a little warm water into both ears. The crying will cease at once if earache was at fault. Besides we will always have high fever-temperatures with otitis.

Continuous loud crying, which occurs at regular intervals at certain times, may be, in connection with typical neuralgia, of malarial origin; but such a periodical crying will also indicate beginning spinal meningitis following caries of the vertebræ.

The short, sudden, loud, penetrating scream during a state of sopor is common with acute basilar meningitis as well as in hydrocephaloid.

Of special significance is the nightly screaming of children who are in good health otherwise. This cry will last for two or three minutes and is accompanied by sudden awaking in a terrified state. It either repeats itself every night or several times a week and always occurs during the first sleep. It is the expression of the night terror which I have mentioned before.

The character of the voice is also of diagnostic value. A hoarse voice points to an affection of the larynx, and if acute we may have catarrhal or croupous laryngitis; in chronic hoarseness it indicates most likely a syphilitic affection. Very young infants may become hoarse from prolonged crying, which lasts for days and which is hardly ever caused by colic, but rather by the formation of an abscess, as in mastitis, or it may be induced by hunger.

The angry, impatient cry from hunger is not so difficult to recognize, but it will be overlooked, for days, and even weeks, nevertheless, simply because the physician will think of all other causes, instead of the real one. To avoid mistakes it is well to examine the breast immediately after the child is through nursing. If the milk flows in fine jets when the nipples are being pressed, the quantity is sufficient; but cases have been reported where the quantity was

right, but the milk was of such a poor quality that the child was actually starving and constantly hungry. Daily weighing will greatly aid the diagnosis in these cases. As long as neither fever nor diarrhœa explain the loss of weight, this alone would speak for insufficient nourishment. Crying after each feeding is very suspicious in this direction. Ill-nourished children urinate but rarely and usually suffer from constipation; but a coexisting dyspepsia does not exclude hunger, because the milk being scarcely supplied to the breast will generally be of poor quality. A good test in these cases will be to substitute cow's milk. The result will be that the child at once becomes satisfied, quiet and will drop into a deep sleep that will last for hours.

I hope that the manner which I have here indicated for the examination of infants for the double purpose of diagnosis and therapeutics will show how to proceed through the entire organism. But I wish to emphasize at the same time that I do not intend the prescription to rest on the presence of certain single symptoms as described in my paper. By no means! All these conditions and observations will serve the attentive physician as valuable guides to the right road for further investigation, and the true homeopath will be ever aware that no single symptom, however prominent, should tempt him to base his prescription on that. If he will use such a key-note as a guiding-symptom only, he may be sure of his selection.

WHAT IS AND WHAT WAS THE VERMIFORM APPENDIX?

BY F. H. PRITCHARD, M.D., WEAVER'S CORNERS, OHIO.

THIS little, and seemingly insignificant portion of the digestive tract, is causing a great deal of flurry, in both medical and surgical circles, of late. It is accused of creating all sorts of trouble, not only in the right iliac region, but also, secondarily, throughout the whole abdomen. The majority of all infectious and inflammatory affections in this region were laid at its door until very lately. Now, the tide is turning, and the rheumatic diathesis is also being dragged in for a small share of the blame, and rheumatic perityphilitis is described by English observers, while the appendix is thought to be but a bystander here. At all events, the function of this little diverticle is unknown. Some have looked upon it as an appendage of

the lymphatic system. The question is, what is it? I am of the opinion that comparative morphology will clear up the darkness here. It is certainly not there for nothing. Nature never makes mistakes. We find it difficult enough to keep her in sight, in our following her. I have been studying the question of late with the meagre literature at my command. I might state my conclusions as follows:

1. The vermiform appendix is a discarded organ, an organ no longer of serviceability.

When our ancestors were in the lower order of animals, and, possibly in the early man of prehistoric time, they were vegetable eaters; they required larger cæca for containing and digesting the more bulky and less concentrated foods. Hence, the cæcum was longer and possibly larger to accommodate itself to the greater bulk. For example, the cæcum of the giant kangaroo from below the ileo-cæcal valve measures forty-two centimetres. There is no differentiation of appendix here, and cæcum is but merely a long tube, of this length, running down from the valve, and ending in a point. (*Der Bau des Menschen als Zeugniß fuer Seine Vergangenheit.* Dr. R. Wiedersheim, Professor at the University of Freiburg, Germany, 2d ed., 1893, p. 145.)

There was a time, when our ancestors were covered with a natural coating of hair to protect them from the elements. The panniculus musculus was also well developed to protect them from insects; the ear muscles were distinctly functionable, and the ears movable; the sense of smell was better developed; the intestinal tube was longer and the number of molars was greater. The appendix vermiformis then formed a portion of the cæcum. But, following this plantivorous period, there came an omnivorous age; the incisors became more developed, the canines came more prominently forwards; the cæcum, not being necessarily so voluminous, a portion of it became contracted in size, dwindled, and lost its function to serve as an appendage, an appendix (vermiformis).—Wiedersheim, *l. c.*, *Allgemeine Betrachtungen*, p. 183.

2. The appendix is still undergoing obliteration from its loss of function.

The appendix is, relatively, much longer in the embryo than in the man of sixty to eighty years. Compare Ribbert's Tables (Wiedersheim, *l. c.*, p. 146), as well as Wiedersheim's Tables, p. 145. Haeckel claims that the development of the embryo gives us a key to the descent of man, as it passes the greater changes from the ovum to complete development.

3. The appendix being a retrogressive organ, undergoing obliteration, is especially liable to pathological changes (Wiedersheim, note on p. 144). Of that we are all fully aware.

PELVIC PERITONITIS WITH RESULTING ABSCESS.

BY F. P. LEFFERTS, M.D., BELVIDERE, N. J.

(Read before the New Jersey Homœopathic Medical Society, October, 1894.)

THIS case is presented not because of anything remarkable in the treatment or in the results attained, but rather that pelvic abscess is not very common; to emphasize the tediousness of such cases, and to refer to the local treatment which seemed of benefit, and to see whether any can give suggestions in the way of an improved treatment.

Mrs. X—, æt. 43, the mother of one child twenty-three years ago. Has been afflicted with endocervicitis with erosions of the os for years, for which a good deal of local treatment has been used. This inflammation of the cervical canal has resulted in thickening of body of cervix, and constriction of the external os. Has latterly had thickening of right Fallopian tube and some enlargement of right ovary.

Suffered from the first attack of pelvic peritonitis five years ago, which came on two weeks after a moderate dilatation of the cervix for the relief of the constriction of the external os. Temperature was 103° during the course of this attack, and much abdominal pain was suffered, particularly in the right iliac region. This attack, lasting four weeks, ended in resolution.

Had a second attack of pelvic peritonitis two years ago, during which the symptoms were less severe and temperature more moderate, but attack was more tedious, being confined to bed six weeks and terminating in resolution, but there remained peritoneal thickening posteriorly and more fixation of the uterus than after the first attack.

The last attack, which resulted in abscess, was ushered in on November 12th last, after carriage rides on two successive days, when she was nearing her menstrual period. Had two slight chills after retiring, followed by moderate fever and some pain in back.

Moderate fever continued until afternoon of November 15th, when she was seized with a very hard and long continued chill, which was followed by a temperature of $104\frac{1}{5}^{\circ}$. This temperature decreased in a few hours and perspiration was induced. Temperature was $101\frac{1}{5}^{\circ}$ at 3 P.M. of the 16th. The temperature ranged from 100° to 101° for several days, accompanied by swelling and tenderness of the peritonæum surrounding the uterus, and fixation of uterus. As the inflammation increased the uterus was pushed forward and formed a tumor above the pubes. The stomach was very irritable, nausea coming on during sleep, which often resulted in vomiting. She was fed on a liquid diet exclusively. There was very little pain in abdomen. Temperature did not rise above $102\frac{1}{2}^{\circ}$ after the 15th of November. Pus formed and fluctuation became apparent in the Douglas cul-de-sac and caused pain in lower part of the back. There was considerable enlargement of the abdomen, showing the inflammation to have extended over a large area. The accumulation of pus was so large that fluctuation was not distinct.

On December 8th, while under influence of ether, Dr. Seibert, of Easton, evacuated the pus by an incision made as near to the rectum as possible per vagina. The discharge of pus was very profuse and offensive. All went well for a few days, when there was a rise of temperature and other symptoms indicating that the pus was not having free exit. The operation was repeated on December 13th, and the incision was made deeper and the opening made larger, when there was another profuse discharge of offensive pus. The temperature decreased after this operation. Pus discharged freely for a long while. Began using a weak solution of carbolic acid to wash out cavity of abscess daily. The effect of this seemed to be very little judging from the amount of discharge, but she grew stronger and improved in a general way. After using injections of carbolized water for a month or more, began using a 25 per cent. solution of Marchand's peroxide of hydrogen. This had more influence both in reducing the amount of discharge and rendering it less offensive. It was gradually used stronger until it was used full strength. It was found more effective used in this way. The patient continued to have some fever until four months had elapsed after the operation, when she was allowed to be around her room some. Continued washing out the pus cavity once daily for nearly five months, when the discharge was so moderate that it was done only every second day, when we tried to hasten the healing by the use of Marchand's pyrozone, after first cleansing the cavity with peroxide.

The discharge became more profuse while using this, consequently it was given up.

A solution of permanganate of potassium was also used for a time, but not with as satisfactory results as from the peroxide. Recourse was again had to the peroxide, and we began using it twice daily the latter part of May. Continued its use in full strength twice daily for the next two months with the result of a gradual decrease of discharge of pus and in the depth of pus cavity. During the latter part of July began using the injections once daily, which was continued for two months, with the result of a gradual decrease in the discharge.

Patient suffered a relapse on August 21st owing to over-exertion, but was convalescent in ten days. We have tried again to see whether an injection every second day will not be sufficient, but find that the discharge increases. The cavity seems about an inch in depth at this time and the discharge very moderate, but there are indications that it will require weeks still before the cavity will be closed. Patient's menstrual flow did not appear for three months after the beginning of the attack. For the past four months she has been able to do light housework and take short walks, and a few times has been in a carriage by driving on a walk.

EUPHOREIA PILULIFERA.—Dr. Eladio Gaitan, of Bogota, U. S. Colombia, S. A. claims that this drug has given him excellent results in *acid leucorrhœa* which was aggravated by the least movement, particularly in pale, delicate and sensitive women (*jaracanda*); in *gonorrhœa* it is useful when the pain is intense, after each urination, which is so severe that the patient is obliged to sit down or keep quiet; violent desire to urinate (*canth., cannabis*). In humid asthma with prostration and restlessness he has found it useful, as well as in hæmorrhages from sun-stroke and traumatism.—*La Homœopatía*, No. 8, 1894.

SEPIA IN CHLOROSIS.—Dr. Waszily, of Kiel, Germany, was consulted by a very vivacious and dark-eyed girl of twenty-two years who had been under allopathic treatment for chlorosis and presented the following symptoms: Compressive headache which often began in the morning on rising and gradually improved during the course of the day. Amelioration during excitement and in the open air, soreness and dryness of the mouth and throat, sensation of pressure in the stomach. Fat and sour foods were not well borne; stool constipated and the urine having a whitish sediment. A dry and slight cough during east winds and when she had sore throat. Great difficulty in falling asleep and dreamt a great deal; menstruation sometimes appearing too early and then, again, later than usual and preceded by colic with yellowish and more or less corrosive leucorrhœa, before the periods. Mentally, she was easily irritated and excitable with an inclination to tearfulness. *Sepia 200c.* was given once a week. In six weeks greatly improved. Her headaches then appeared very infrequently and the leucorrhœa incommoded her but little. her general appearance was much for the better. The remedy was continued, one dose every ninth evening. Soon after she married.—*Archiv Für Homœopathie*, No. 9, 1894.

EDITORIAL.

A HAPPY NEW YEAR.

"Thy own wish wish I thee in every place."—*Love's Labor Lost.*

THE season has again arrived for the interchange of congratulations over the past, of hopes for the future and individually, for forming good resolutions.

The form in which an impersonal journal is called upon to perform these traditional rites, is of course, a different one from that expected of a personal friend. From the latter we look for at least an assumption of modesty and self-effacement, however far from these his actual thoughts may be. He is expected to regard his past blessings as undeserved; his hopes for the future as evidences of an over-sanguine temperament; and good resolutions as a necessary condiment or corrective amid the too thoughtless festivities of the season.

We all know from the old adage the use to which good resolutions have been put in the past. If there should be manifested *below*, the same activity in substituting "new and improved pavements," as has characterized the last year in this City of Brotherly Love, perhaps the intrinsic value of good resolutions will begin to be doubted, and the output curtailed, according to the latest economic method of keeping up values.

A journal, in congratulating itself upon the favors received during the past never feels called upon to regard them as undeserved. The most modest of editors, in his own person, becomes a veritable braggart, impersonally, when extolling the merits of his journal. In his mind too, the future can contain for it no success at all out of proportion to its deserts. What it gets it will have deserved, and much more. He feels that in view of the rich feast provided by the various contributors and co-workers each month—to be as nearly personal as an inherent modesty permits,—the subscribers are to be congratulated, and that to those who have not recognized the blessings that such a journal as his would bring with it, belongs only pity. For "good resolutions," as implying "room for improvement," he has no use. He knows that the spots on the sun can only be seen through smoked glass.

With these feelings of laudable conceit, believing with Shake-

spare that "Good things should be praised," the HAHNEMANNIAN MONTHLY enters upon the new year. It stretches out its hand of good-fellowship to all its friends and confreres, and trusts that the new year will be for it, and for them, full of richly deserved blessings, and that "the peace and good will" to all, with which it lays to rest the old year may mark the new.

THE RELATION OF THE MEDICAL PROFESSION TO THE STUDY OF SOCIOLOGY.

IN a late number of *The Cosmopolitan* we find an able plea for a comprehensive school of Sociology "which shall aim at the broadest curriculum; which will differentiate the chairs; give opportunity for research and publication; will combine character with culture, and *will seek the reformation of society by the reformation of man.*" (The italics are ours.)

While Sociology is the science of social phenomena, it can readily be seen that these are phenomena that attend the actions and reactions of *individuals* when associated together in communities, and that, therefore, in order to be able intelligently to study these more complex relations, it is, in the first place, essential to understand the individual. The same forces, internal and external, which actuate and mould the activity of the individual are at work in the activity of society. In the former the promptings of self, as restricted by external circumstances, produce the result, while in the latter many thus limited selves are still further restricted and limited by each other.

The study of Sociology, therefore, resolves itself simply into a study of the resultants of certain forces, which forces can and must be first studied in their relative simplicity in the individual.

It is here that the physician—the cultured student of the science of medicine—may become an important factor in the development of the science of Sociology, by furnishing correct data of human nature, upon which the sociologist may then found his theory of social evolution. Data have, it is true, already been furnished, both by theology and by anthropology, but in each case derived from a one-sided view of human nature.

The scientific research into the phenomena of disease in the widest sense, physical and mental, prosecuted with such zeal during the last decade, has brought to light relations and reactions in the nature

of man which must modify any theories in regard to society that have been based upon the former conceptions of this complex subject.

In the socialistic agitation of the day we recognize a natural protest against traditional Sociology, and even in the blatant Anarchist, we cannot fail to see the ignorant and therefore loud-mouthed representative of neglected and suppressed *individualism*.

It must be remembered that the individual was before society, and that society is only for the benefit of the individual, to protect each member, weak or strong, in the enjoyment of his individual rights. Society has no rights but those which have been delegated to it by its individual components. It is only by reason of the unwisdom of the present age that "the greatest good to the greatest number" has become the watchword; in an ideal community the greatest good of each individual should and would be the aim of all regulations and of any social compact.

The physician, more than any one else, is placed in a condition both by his training and by his daily experience to unravel the tangle called human nature, and to find in the physical the basis of many moral manifestations. His conception of human nature should be the most nearly correct. He appreciates the fact that man has a body. While unable and unwilling to deny the existence of a spiritual or higher part in man, he finds this shut off entirely, under normal ordinary circumstances, from contact and communication with the outer material world, except through the medium of the physical material body. The soul is here a prisoner, and can only look out of its prison cell through the so-called senses. The body being thus the instrument of communication, its soundness or unsoundness must most decidedly affect the character of the communication. The energy of the soul is modified by the medium through which it is compelled to pass. A knowledge of the properties and characteristics of this medium—the physical body, in health and disease—will enable us to theorize rationally upon the manner in which this energy will, yea, must, manifest itself. All spiritual energy is one, as is undeniably all physical energy, and we have merely different modes of manifestation.

Let physicians, and especially those of the younger ones who are eagerly looking about for some uncrowded spot in the medical field, devote their energies to a study of man's nature as a resultant of the action and reaction of forces, spiritual and physical, within and without him. Let them systematize and summarize their acquired

observations, as has been done in the *Psychopathia Sexualis* of Krafft-Ebing, in one line of investigation, and the sociologist will be able thereon to develop theories which shall assist in reforming society through the individual, which shall prevent disease in the body politic by curing its individual members, and which shall, above all, recognize the dual nature of man and the innate liberty of the individual.

Here we have a field of study and investigation for the physician, second to none in interest and beneficence—for all social problems at once take a practical turn—and one which, we think, as we said a couple of months back, might very profitably take a prominent place in the curriculum of our post-graduate schools.

A CORRECTION.

WE were pleased to see from an editorial in the November number of *The New York Medical Times*, that our views on preparatory education have met with approval, but were pained to notice that one of our points had been woefully misunderstood. It is said "he speaks of the absurdity of the study of Latin, and of its inclusion in the first year." Those who know us, and the views held and advocated by this journal, must at once recognize the mistake. We speak of the absurdity of including the study of Latin in the curriculum of a medical college. We would insist upon a knowledge of Latin before entering upon the study of medicine, and would favor an acquaintance also with Greek, and either German or French, or better, both. A re-reading of our remarks will show that our intention was to clear the curriculum of the medical colleges of all branches of study which could be regarded as preparatory in character, so that the student with well-trained mind might, in the medical college, at once enter upon the study of medicine.

MERCURIUS VIVUS IN CRURAL ULCERS.—Dr. Eladio Gaitan, of Bogota, U. S. Colombia, S. A., was consulted by a lady who had suffered for a year and a half from an ulcer of the right leg which had invaded the internal malleolus of and extended to the anterior third of the tibia, having a depth of two and a half millimetres, with jagged margins and a tendency to destruction of the subjacent muscular tissue which was of a pale color. The patient was inclined to faint easily, suffered from sore eyes, salivation and cold sweats which were clammy and affected her whole body. Merc. vivus 6x. was administered internally, and a watery solution of eucalyptus locally, alternating this every third day with equal parts of boric and salicylic acids dissolved in one part of alcohol. In fifteen days numerous granulations had sprung up, suppuration had ceased and only a serous discharge slightly tinged with blood was noticed. The treatment was continued as before excepting a dose of jaracanda every eight days. In one month the ulcer was entirely cured. —*La Hemisephia*, No. 8, 1894.

GLEANINGS.

GENERAL MEDICINE.

CONDUCTED BY

WM. W. VAN BAUN, M.D., AND FRANK H. PRITCHARD, M.D.

IRREGULAR HEART-BEAT IN CHILDREN.—Dr. Heubner, of Berlin, at the recent meeting of German naturalists, in Vienna, read a paper on this subject, considering only those cases where neither a heart nor brain disease was present. He has found it in the following conditions:

1. In poisoning by drugs. In a case of poisoning by stramonium he saw, on the third day, the pulse fall from 140 to 78. In a case of feverless appendicitis, in a boy of eight years, after eight days of opium treatment an irregular heart-action set in, which disappeared after discontinuing the remedy and reappeared after commencing it again.

2. In disturbances of digestion, which begin with vomiting, and are connected with an auto-intoxication.

3. In digestive disturbances, not dependent upon auto-intoxication.

4. In infectious diseases, and indeed, in the beginning as well as in the period of decline. This is especially true of scarlet fever, measles, even in slight attacks, pneumonia, and typhoid fever, without the slightest alteration in either the brain or heart.

5. In conditions of anæmia and malnutrition where tuberculous meningitis is diagnosticated and thought to have been cured.

6. With intestinal parasites.

7. Under certain physiological conditions, as emotions and sleep.

8. Da Costa found arrhythmia in a case without any other accompanying symptom; peculiarly enough, it disappeared whenever the patient had fever.

In a certain number of cases it is of purely nervous origin; in poisoning, there may be either a reflex or a direct action upon the heart. If it be noticed after several days, the action is probably direct.—*Wiener Medizinische Presse*, No. 40, 1894.

ATYPICAL FORMS OF TYPHOID FEVER AND ESPECIALLY THE TYPHO-MALARIAL VARIETY.—Dr. Fillippo Rho, of the Italian Navy, after a study of this subject, arrives at the following conclusions:

1. The term typho-malarial fever, has covered many uncertainties of the physician and errors of diagnosis. A large number were simple continued or subcontinued malarial fever, accompanied by a typhoid state, but the greater part, especially of tropical and pretropical countries, must be called atypical typhoids. Of such the typhoid febriculæ of Italy and the Mediterranean or rock fever of English writers, are examples.

2. These latter are frequent, not only on the coast of the Mediterranean, but in all warm countries. To this same class must be joined those attenuated or abortive forms as inflammatory bilious fever, fevers of acclimatization and many remittents.

3. In these fevers the same treatment as in typhoid is indicated and the fæces of even the slightest attacks should be disinfected and the neighboring waters be examined and if suspected, pure water be advised.

4. The temperature curve is variable and indefinite, without a decided cycle of weeks. The term typho-malarial is ill-chosen and should be dropped as the idea of the hybridism of the two diseases is devoid of foundation, as it has nothing to do with malaria. The term Mediterranean fever is also wrong as it pre-supposes a geographic restriction which does not exist.

5. Cases of simultaneous malarial and typhoid infections are exceptionally rare and unworthy of a special name.—*Lo Sperimentale*, No. 29, 1894.

NERVOUS AND SPINAL DISEASES OF GONORRHOICAL ORIGIN.—Dr. Engel first

calls attention to the fact that gonorrhœal infection may give rise to various forms of polyneuritis of which he has observed two cases. He thinks them due to the gonorrhœal metabolic products in the same manner as this disease arises in poisoning by alcohol and the metals. In these cases the neuritic symptoms appeared about four weeks after infection, with pains in the legs, shoulders and forearms, together with a sense of weakness which rapidly extended to complete paresis. Sensibility was intact. The tendon-reflexes were entirely absent while the affected muscles were extremely sensitive to touch; decreased electric irritability, with emaciation. Improvement set in, in one case, quite rapidly, with convalescence nine weeks after the appearance of the disease and, in the other, after persisting for about six months. Isolated gonorrhœal neuritis has its prototype in gonorrhœal sciatica which was first described by Fournier in 1866. The writer reports a case of this affection with involvement of the crural nerve, at the same time, with fever and emaciation of the whole extremity. Finally, three cases of gonorrhœal cerebro-spinal meningitis are referred to; one observed by the writer and the other two by French observers. Other exciting causes, and especially a cold, are necessary to have gonorrhœa followed by such complications.—*Norsk Magazin for Lægevidenskaben*, No. 10, 1894.

Dr. Julio Venturi has described several cases of a form of gonorrhœal psychosis from probable involvement of the meninges by the gonococcus.—*Hospitals Tidende*, No. 42, 1894, *Trans.*

A TYPHOID FORM OF ACUTE ARTICULAR RHEUMATISM.—Drs. A. Robin and Leredde, of Paris, have had occasion to observe two cases of acute articular rheumatism where the disease assumed a decided typhoid aspect. These cases go to show that besides that form of typhoid fever which commences with serous or suppurating polyarthritis (arthro-typhus) and infectious pseudo-rheumatism, with a typhoid state, we are obliged to admit the existence of a typhoid variety of acute articular rheumatism.

It is important that this form should be known, for it may be confounded with typhoid fever. Indeed, these two patients presented, excepting the rose-colored spots and distension of the abdomen, all the other characteristic signs of typhoid fever, as delirium, comatose state, dryness of the tongue, characteristic ochre-colored diarrhoea, etc. Diagnosis of this variety may be made by the polyarthritis, examination of the urine and the effect of the salicylate of soda. If one recollect that the urine of rheumatics is red, with a brick-dust sediment, containing nearly a normal amount of phosphoric acid, and albumin is absent or inconstant, while that of typhoid fever has the appearance of beef soup with a considerable diminution of phosphoric acid and containing albumin during the first two weeks. In general, the typhoid symptoms supervening during the course of acute articular rheumatism as well as the articular involvement yield to the salicylate of soda. It should be administered in doses of three to four grammes (grs. xlv. 3j.) in twenty-four hours, when the diagnosis is doubtful.—*La Semaine Médicale*, No. 52, 1894.

CRAMPS IN THE LEGS AS A SIGN OF DIABETES.—Dr. Unschuld has in the last eight years been in the habit of asking his diabetic patients whether they suffered from cramps in the legs, and he has found it present in 26 per cent. of the cases. They appear, as a rule, in the morning, immediately after the patient arises; they are often awakened by them. Some are seized by them at night, every time that they get up to urinate. They are observed much more rarely during the course of the day, after the patient has been lying down for some time or after a bath. As the diagnosis is often not made in these cases—he has had thirty-five cases sent him in the last nine years with different wrong diagnoses—he would advise where this symptom is present to examine the urine for sugar.—*Berliner Klinische Wochenschrift*, No. 28, 1894.

DIFFERENTIAL DIAGNOSIS OF SUBPHRENIC ABSCESSSES.—Dr. W. Bieganski reports on three cases of subphrenic abscess, one of which was complicated by a right-sided purulent pleuritis. The following signs are stated to distinguish subdiaphragmatic abscess-pyothorax subphrenicus:

1. The dulness extends higher up anteriorly than posteriorly, as the diaphragm is chiefly pushed up anteriorly.
2. The normal limits of the heart's dulness are displaced upwards in consequence of the raising upwards of the diaphragm.

3. The liver is more easily palpable from its being displaced downwards; its edge is not smooth and the right hypochondrium is painful.

The presence of fluctuation in the right hypochondrium greatly facilitates diagnosis. If there be, together with the superficial fluctuation, dulness reaching very high up, then a complication of the abscess with purulent pleuritis is to be thought of.—*Schmidt's Jahrbuecher*, No. 8, 1894.

DECREASE OF THE HEART'S ENERGY IN FEVERS.—Professor Huchard, in a paper before the Académie de Médecine, stated that besides decrease or disappearance of the first sound of the heart, in febrile affections, there are two other signs: embryocardia and bradydiastolia. Acute myocarditis is too frequently diagnosed, in fevers and especially in typhoid fever. The necropsies have shown that cases dying with grave heart symptoms reveal but scarcely appreciable changes in the heart muscle; the contrary also holds true. On the other hand, many times with considerable sclerosis of the myocardium life is prolonged for a long time. Many signs attributed to complicating myocarditis of typhoid fever are merely dependent upon disturbances of the heart's innervation. Small-pox apparently gives rise to myocarditis, typhoid fever, to myocarditis with cardiac neuritis while the grippe frequently causes disorders of the heart's nervous energy. Siréley, in the discussion, claimed that the acute forms of myocarditis occupy the most important part of the heart complications of typhoid fever.—*Revista de Ciencias Médicas de Barcelona*, 16, 1894. (Professor Potain, of Paris, has recently given a clinical lecture on typhoid aortitis.—*La Semaine Médicale*, No. 58, 1894.—Eds.)

RHEUMATIC SORE THROAT.—Dr. E. Roos, of Kiel, Germany, having his attention called to this variety of angina by himself being a sufferer, communicates several cases of a peculiar form of sore throat which sometimes is a forerunner of acute articular rheumatism. He thinks that the micro-organisms first gained entrance into the body through the throat, whence the whole organism is infected. This form differs from follicular, diphtheritic and catarrhal sore throat. Its characteristics are: Severe pain on swallowing, reddening and swelling of the faucial and pharyngeal mucous membrane, with enlargement of one or both tonsils, with or without subsequent suppuration or only a diffuse slight film of pus and by the relatively long duration of the affection. If the patient has previously suffered from acute rheumatism he will be prone to throat symptoms. By recognition of this form and its proper treatment many cases of endocarditis and cardiac insufficiency would be prevented. Early diagnosis has the advantage of offering the possibility of rapid cure with large doses of the salicylate and prevention of an attack of acute rheumatism. Articular involvement after rheumatic sore throat is characterized by insufficient influence of the salicylic compounds, a certain inclination to exanthems and a somewhat prolonged course.—*Berliner Klinische Wochenschrift*, Nos. 25-26, 1894. [A French writer, Dr. J. Auclair, also has written a lengthy paper on this subject.—*Le Bulletin Médical*, No. 14, 1894. Abstract in HAHNEMANNIAN MONTHLY, May, 1894. See also article by Dr. F. H. Pritchard, HAHNEMANNIAN MONTHLY, January number, 1894.—Eds.]

TRAUMATIC LEUCÆMIA.—Dr. W. Epstein would set up a form of leucæmia due to traumatism. Twice he has observed cases where the disease seemed to follow either an injury or a shock. The first case was that of a locomotive engineer who after a collision entered the hospital with a series of neurasthenic symptoms: cardialgia, palpitation, anorexia, pains and paresthesiæ in the extremities. After a short time under treatment he was discharged but returned in two months with the symptoms more pronounced than before. The spleen was found greatly enlarged and the number of white blood corpuscles was decidedly increased while that of the red was reduced. He cites cases from other observers among which is a series of cases with a history of a blow in the splenic region. The shock of the collision undoubtedly affected the spleen while the nervous symptoms aided the development of the leucæmia. The second case was of a carpenter who fell from a scaffold and injured his ankle-joint. He soon recovered from the immediate injury but a series of leucæmic symptoms developed with nervous and hæmorrhagic complication which led to his death, in seven months; a trauma of the long bones was here assumed to have a decided influence. The relation of the disease with injuries of the bones has several times been observed. Though trauma be but the exciting cause other factors are necessary for the development of the disease, yet in these cases, it was the immediate cause and without it the patient might have remained healthy.—*Hospitals-Tidende*, No. 35, 1894.

GENERAL SURGERY.

CONDUCTED BY

WM. B. VAN LENNEP, A.M., M.D. AND H. L. NORTHPROP, M.D.

A DEATH FROM THE A. C. E. MIXTURE.—The patient, a woman, 44 years of age, with a bleeding fibroid, was being anæsthetized in her bed, outside of the operating room. The anæsthetic was given by an experienced assistant. It was given through an open cone, the top of which was filled with absorbent cotton. The entire amount of anæsthetic given was six drachms, of which four were probably inhaled. The patient was a large, fleshy and anæmic subject. Prior to the administration of the anæsthetic she was given an eighth of a grain of morphine hypodermically. Ten days before this she had been anæsthetized with sulphuric ether for an examination and no trouble had resulted upon that occasion. Her heart was examined prior to the administration of the anæsthetic on each occasion and no organic lesion was detected. The time from the moment she began taking the A. C. E. mixture until she was dead did not exceed fifteen minutes. The patient was inverted, artificial respiration was instituted and the tongue was drawn out and kept out. Trinitrin (glonoine) and brandy were injected under the skin, the left chest was slapped freely, and while the nurse was starting the battery the patient was pronounced dead.—*New York Medical Journal*.

MODERN METHODS OF WOUND TREATMENT.—Cheyne (London) states that both science and practice show us that the only two methods of wound treatment which are accurate are the Listerian and the aseptic methods, both of them based on the Listerian principles, for, though a number of operations may be performed without septic trouble, even where rigid exclusion of bacteria from the wound is not aimed at, nevertheless, a certain, and in the eyes of strict antiseptic surgeons a considerable, proportion of cases go wrong, while many operations, such as those on healthy joints, cannot be done at all. In other words, methods which do not rigidly exclude pathogenic bacteria from wounds do not offer any certainty as to the results. On the other hand, experience has amply shown that where the principle of rigid exclusion of micro-organisms from wounds is thoroughly carried out the results attain a uniformity and a certainty which are far beyond those attained by any other method. There should be no hesitation in asserting that in treating wounds on any other principle than on that of the total exclusion of infective agents the surgeon is subjecting his patient to an utterly unwarrantable risk.—*The Lancet*.

DIAGNOSIS AND TREATMENT OF APPENDICITIS.—Monod (Paris), from a study of twenty-two cases of appendicitis seen in both hospital and private practice, holds that surgical interference is nearly always indicated, and that as early as possible. Amongst these cases he had seventeen recoveries and five deaths; three of the latter were due to deferring the operation too long, and the other two to complications. In all cases he found pus either sacculated or not, in and about the appendix, in three cases forty-eight hours after the beginning of the symptoms; in four cases two days after, and, finally, twice on the fourth day of the disease. Operation being indicated early, an early diagnosis naturally must precede. This is possible. It is not necessary to wait for the evident tumor, edema and redness, for the history of a previous attack, the sudden beginning of the symptoms, the rigidity of the abdominal wall and the violent pain and tenderness at McBurney's point are sufficient. Absence of fever may mislead, for it may be wanting or decline early. As to the operation he prefers an incision quite like that for ligation of the iliac artery near the crest of the ilium to avoid eventeration. If the appendix is easily found it may be resected, if not the purulent collections alone may be evacuated, taking care to look for secondary foci. He does not suture the wound, but drains it.—*La Semaine Médicale*.

FOREIGN BODIES IN THE INTESTINES.—Zinsmeister reports the case of a young woman of 21 years who, five years previously, had remarked a gradual appearance of pains in the right side of the lower abdomen, radiating occasionally into the region of the liver, and persisting with varying intensity until the operation. During the summer of the past year a firm and hard tumor was outlined in the cecal region which attained the size of a man's fist and was accompanied by colicky

pains. Since then her stools had been passed every two or three days, but they were always of a normal form. No vomiting or fever at any time, but she was emaciated. When she came under observation she was pale and thin. The abdomen in the right iliac region was protuberant as far as the median line, and contained a tumor which could be well outlined above, below and internally, and which was smooth, quite firm, but slightly movable and but little tympanitic. Laparotomy revealed it to be formed by the lower end of the ilium and the beginning of the colon. Resection of the altered intestine was done, which showed a chronic typhilitis with stenosis of the ileo-cæcal valve, due to an accumulation of 394 cherry pits and prune stones. They had been in the intestine at least six months.—*Muenchener Medicinische Wochenschrift*.

RESULTS OF DOUBLE LINEAR ELECTROLYSIS IN URETHRAL STRICTURES.—LAV-
aux (Paris) has described an operation which consists in severing strictures by means of linear electrolysis at two points opposite to each other, the one in the upper and the other in the lower portion of the urethral canal. Numerous cases have demonstrated that this operation is possible in strictures which resist dilatation, and that the immediate results are excellent. He now reports the definite results of the procedure. Those patients who were operated on two years, eighteen months, and one year previously, all remain cured, from the employment of post-operative treatment, which consists in keeping the urethra patulous by the introduction of sounds from every three weeks to a month. If the patients refuse to submit to this treatment, a recurrence is more or less rapid and constant. In short, this method is a mild operation, easily done, but little painful, which requires neither rest in bed nor permanent catheter; while the ultimate results are excellent, if the patient be treated after the operation. In the majority of cases, this is the preferable operation in strictures which resist dilatation.—*La Semaine Médicale*.

TREATMENT OF INCARCERATION OF THE INTESTINE.—Rydygier (Cracow, Poland), from his own experience, and the literature, formulates the following rules for the treatment of intestinal invagination:

Acute Invagination.—1. In acute invagination, operation should be done as early as possible, and as soon as the ordinary medical measures fail.

2. Laparotomy once done, the invagination should be withdrawn, as it is usually accomplished, without particular difficulty. If the intestinal wall be suspected, especially at the place where the gut folds over, it should be wrapped in iodoform gauze, and kept outside the abdominal cavity.

3. If disinvagination be impossible, then resection of the invaginated portion, the least radical operation, is indicated.

4. Resection of both intussusceptum and intussusciptum should be done when the invaginating sheath presents decided swelling of its walls, and threatens perforation.

5. Formation of a preternatural anus and entero-anastomosis are contraindicated in acute intestinal invagination.

Chronic Invagination.—1. In the chronic form medical measures should be tried repeatedly, and with due amount of force for weeks.

2. The free interval is the time recommended for the operation.

3. After the laparotomy has been done, disinvagination should also be attempted. If it does not succeed, then resection of the invaginated portion is to be preferred to other methods.—*Muenchener Medicinische Wochenschrift*.

INHALATIONS OF VINEGAR TO COMBAT VOMITING AFTER CHLOROFORM ANÆSTHESIA.—Lewin (Brussels) has great faith in inhalations of vinegar to relieve the inclination to vomit after chloroform anæsthesia. The face of the patient is covered with a compress, wet with ordinary vinegar, so that the inhaled air is saturated with vapor of vinegar. Soon after its application, the patient's pulse and respiration will increase in energy, the pallor will decrease, and the malaise will soon disappear; nausea and vomiting will not appear, or, if they have set in, they will soon vanish under the influence of the vinegar. Some patients who removed the compress early were seized with nausea and vomiting, which, however, were relieved by reapplying it. This should be kept on the face for three or four hours, at least, or until it becomes dry. The acetic acid is said to combine with the chlorine, which, as a by-product of the chloroform, is excreted through the lungs and serves to irritate the larynx.—*La Semaine Médicale*.

GYNÆCOLOGY AND OBSTETRICS.

CONDUCTED BY

GEO. R. SOUTHWICK, M.D.

TOTAL EXTIRPATION OF THE VAGINA FOR LESIONS OF THE UTERINE APPENDAGES (Charles Jacobs, M.D., Brussels, Belgium).—Let us now review the indications for total extirpation, beginning with the most difficult cases of suppuration complicated with adhesions. There is pus in the dilated tubes, in the ovaries, in the adjacent cellular tissue, the uterus is fixed, and the coils of intestines are glued together above these lesions like a solid roof. In such a case laparotomy displays the adhesions, which it is frequently impossible to separate without opening the intestines, with a chance that we may reach the purulent focus limited by them, open, empty and drain it, and the result may be a slow recovery or an intractable fistula.

Often we are confronted by a similar condition in which the pelvis is occupied by adhesions, in the middle of which the uterus is imprisoned, and yet without the presence of purulent foci. In such cases, owing to fear of accident, the surgeon is induced to relinquish the operation as an exploratory incision. It is, of course, always possible to finish the operation, but we have to consider the life of our patient also, and that is often reason enough for discontinuing the operation before it becomes dangerous.

In just these cases vaginal extirpation gives results but little short of marvellous—not wholly free from danger, but with a security far greater than abdominal. The collections of pus are opened into the vagina without infecting the peritoneal cavity; the adhesions are severed, if possible, but should the finger encounter too great resistance they are abandoned, and in a few days we find they soften and become absorbed.

In cases where the entire pelvic cavity is filled with adhesions, but without suppuration, where laparotomy can do nothing without becoming dangerous, after the uterus has been removed per vaginam we find that the pain ceases and the inflammatory products disappear. In pelvic suppuration and with extensive, complicated adhesions, both equally formidable for the laparotomist, vaginal hysterectomy is triumphant.

To sum up, in all cases where we find indisputable indications for bilateral removal of the tubes and the ovaries, extirpation of the uterus and its appendages by way of the vagina is the operation of choice.—*Journal of Obstetrics*, November, 1894.

THE TREATMENT OF ENDOMETRITIS BY CAUSTICS.—Sänger advises the use of strong caustics at long intervals rather than frequent applications of weak caustics. He thinks the injection of weak fluid caustics, such as the tincture of iodine into the uterine cavity is apt to produce colic, and recommends the silver intra-uterine applicator common in this country, one end resembling a flattened piece of wire. He prefers fluid caustics rather than salve mixtures like anthrophores. Electrochemical cauterization is beneficial for some forms of endometritis accompanied by bleeding, but not for catarrhal endometritis with hypersecretion. The routine injection of tincture of iodine or of the perchloride of iron after curetting the uterine cavity is a mistake. Dilatation of the cervical canal and irrigation of the uterine cavity with disinfecting or anti-bacterial solutions, even when strong enough to have a cauterizing effect have not cured chronic purulent or gonorrhœal endometritis. Packing the uterus with gauze has been employed extensively. The gauze has been supposed to drain the uterus but on removing the gauze slime is found on its upper portion. If there is no stenosis, the uterus will drain itself better than with artificial aid. The gauze in the uterus carries away no pathological secretion, does not dry the uterus, disinfect it, or provide a permanent drainage. When the gauze is removed it is found infiltrated with thick slime which cannot escape through. We should not speak of a gauze drain, but rather call it a gauze tampon which dilates the uterine cavity, and as a foreign body irritates and excites a reaction which in turn may have considerable effect on the afflux and reflux of circulation. The gauze tampon serves best as a preparatory treatment for intra-uterine cauterization.

Sänger praises highly as a strong caustic a 50 per cent. solution of chloride of zinc. If the cervical canal is narrow he first tries a 10 per cent. solution of chloride

of zinc, sulphate of copper 30 to 50 per cent., or iodine and alcohol (1:5). Either are applied with cotton wound over a flat intra-uterine applicator, which is withdrawn, leaving the medicated cotton in utero. The next cauterization is not performed for sixteen to twenty days; more frequent use of this powerful agent is liable to cause stenosis. He uses the 50 per cent. solution to touch erosions of the cervix once in three weeks.—*Centralblatt für Gynakologie*, No. 25, 1894.

OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

CONDUCTED BY

CHAS. M. THOMAS, M.D.

TEARS AS A GERMICIDE.—To settle the question as to whether tears possess germicidal properties or whether they weaken the morbid action (as most experimenters have found that they do) by simply washing away their colonies, Bach made thirty-seven experiments with various pathogenic bacteria. In sixteen of these, where the bacteria were exposed for an hour to tears warmed to 58 to 70 C., the colonies greatly decreased in ten; in six there was a diminution less marked; in nineteen, where the tears were kept at ordinary temperatures, only four showed an increase in the bacteria exposed to the action of the lachrymal fluid.

Similar experiments were made with the soluble compounds (singly and combined) found in normal tears with distilled water, with well water and with other simple liquids. *In nearly every case the pathogenic bacteria exposed to them decreased in number and shortly died.*

Further observations of ocular bacteria exposed to the action of the aqueous humor from human subjects show that the former does not exert any germicidal action worth speaking of.

Before operations upon the eye the author is strongly in favor of washing out (and so mechanically cleansing) the palpebral edges and conjunctival sacs with the physiological solution of common salt, in imitation of nature's cleansing process, the overflow of tears. He believes that this should, at any rate, always be carried out as an adjunct to such germicidal applications as sublimate, chlorin water, mercuric trichloride, etc.

INTUBATION.—The comparisons of the results from tracheotomy and intubation gives, in the first two years of life, better results from intubation than from tracheotomy.—Von Rankl.

REPORT ON THE VALUE OF OBJECTIVE TESTS FOR THE DETERMINATION OF AMETROPIA.—By the Special Committee of the Section on Ophthalmology of the American Medical Association.—The committee reported that its members were all in accord with the view held by most ophthalmologists that objective methods of determining ametropia cannot entirely replace the subjective method with test letters and trial glasses, and that, in so far as the subjective method is applicable, it may be regarded as a court of last resort. Determinations of the refraction by the various objective methods, however, constitute an essential portion of the complete examination of an eye. The accurate determination of ametropia is best accomplished by the use of all these objective methods in each case and usually in the following order: The ophthalmoscopic examination, measurement of the cornea with the ophthalmometer, skiascopy—these to be followed by the subjective determination, and, if this last does not agree with the previous arrangements, its findings should be submitted to re-trial by skiascopy. Regarding skiascopy, the report says in part: Skiascopy is, on the whole, the most accurate and reliable objective method of estimating ametropia. It offers for most eyes a method for the rapid and easy measurement of ametropia within the limits of practical accuracy for even the subjective methods, except in eyes having more than the Snellen normal standard of visual acuteness. For the exceptional eyes, in which it is less accurate, it offers a means which, carefully used, will give confirmation of subjective results or a better correction than may be obtained by any other method. In nearly all eyes the result of a careful skiascopic correction will give the best, or very nearly the best, obtainable vision.—*Annals of Ophthalmology and Otology*.

MONTHLY RETROSPECT OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY

CLARENCE BARTLETT, M.D.,

FRANK H. PRITCHARD, M.D., AND F. MORTIMER LAWRENCE, M.D.

AILANTHUS GLANDULOSA.—In the *Rivista Omiopatica*, Luglio-Agosto, 1894, *ailanthus glandulosa* is stated to be indicated in the following characteristic states: low and adynamic forms of disease, with sudden and extreme prostration; constant vomiting and purple coloration of the skin. These conditions may be observed in scarlet fever, typhus fever, cerebro-spinal meningitis and dysentery.

RED IODIDE OF MERCURY IN TINEA CIRCINATA.—Dr. Oscar Hansen, of Copenhagen, was consulted by a peasant of twenty-six years whose thighs, on the inner side were covered with a ring worm eruption from the pubes to the knees. The disease had been there for about two months when he came under treatment. The eruption was macular, forming large oval rings of a red color and desquamating; their centres are of the appearance of the surrounding normal skin. It itched but little; he denied syphilis. Otherwise he was in good health. *Mercurius iodatus ruber*, 1c., trituration was prescribed, one grain three times a day, in a teaspoonful of water. At the same time a salve of one part of the red iodide to twenty of lard was ordered to be applied locally. In the course of twenty days the eruption had decidedly retrograded, desquamation was but slight; the same treatment was continued. In ten days more he was entirely cured. Though most writers even in homœopathic literature, advise anti-parasitic local treatment, Hansen would administer a remedy, at the same time, internally.—*Maanedskrift For Homœopathi*, No. 8, 1894.

BAPTISIA AS A THROAT REMEDY.—In the course of an interesting article on the throat remedies, Dr. T. G. Stonham says: In ulcerated sore throats of infective nature, and especially resembling diphtheria, *baptisia* is often very serviceable. I have not found the presence of the symptom "absence of pain" coexisting with the ulceration to be always necessary; it seems to act equally well in other cases where pain is felt. In the late epidemic of influenza, many cases had inflamed and ulcerated tonsils as one of the most prominent symptoms, and here *baptisia* acted very efficiently.—*Journal of the Brit. Hom. Soc.*, July, 1894.

MERCURIUS CYANATUS IN PYÆMIA.—Dr. Stonham reports, that two years ago he treated a case of extensive vaginal ulceration—now specific—in which there were attacks of shivering, followed by rise of temperature to 102° or 103°, succeeded by profuse perspiration. These attacks occurred every night, and the patient was rapidly sinking into an exhausted and dangerous condition. After giving several remedies, both local and general, without effect, she was put on *mercurius cyanatus*, and in two days the rigors and temperature had ceased, and she rapidly convalesced. Another case, with very similar septicæmic symptoms, occurred in the case of a man where the seat of absorption could not be determined, but was probably from some portion of the intestinal tract, and in which *mercurius cyanatus* did equally good service. He was encouraged by these successes to try it in the very similar pyæmic symptoms occurring in ulcerative endocarditis; but though given a good trial, it was of no use. *Mercurius cyanatus* might be expected from its pathogenesis to be useful in acute nephritis, but he has not yet had an opportunity of testing it in that disease.—*Journal of the Brit. Hom. Soc.*, July, 1894.

LATHYRUS SATIVUS IN DIFFUSE MYELITIS.—Dr. Thomas Simpson reports the case of a clerk, aged 38, who consulted him for the following state: Loss of power

of lower limbs, having gradually followed an attack of gonorrhœa (contracted thirteen years before); there were frequent but only partially successful efforts to urinate (the stream being small and forked); the urine was alkaline in reaction, and depositing a copious sediment of mucus, with ammoniacal odor; the superficial reflexes were exaggerated, the knee-jerk being violent and painful; and locomotion was difficult, with unsteady gait. Presumably there was a lesion of the spinal cord, and most likely a diffuse transverse myelitis.

After dilating a stricture of the urethra that was found to exist, the patient was directed to use a catheter every four or six hours to empty the bladder. Centre-ville water and triticum repens infusion were prescribed as diluent drinks, and *climatis erecta* 3, one minim every four hours. As a result, the bladder symptoms soon disappeared. The physiological effects produced by *lathyrus sativus* include paralysis of the lower extremities, with tremulous, tottering gait, the whole weight resting on the metatarso-phalangeal articulation, the heel never touching the ground; they instinctively seek to keep their balance by pressing with the hands upon the hips; the muscles of the buttocks manifestly emaciated, while those of the upper body retain their integrity; and seeing in these provings a picture of the patient's condition, the remedy was prescribed in the third dilution, five drops night and morning. The results have been so satisfactory that he can now walk to and from the railway station, a distance of half a mile, without assistance.—*Monthly Hom. Review*, October, 1894.

THE STOMACH-SYMPTOMS OF *DIOSCOREA VILLOSA*.—The pains (of *dioscorea villosa*) range from simple aching to intensely severe cutting and cramping pains, causing the prover to bend double. It is a useful remedy in those cases of acidity of the stomach in which belching of sour wind is a prominent symptom, and where such belching is also accompanied with shuddering. Throughout the proving a large amount of flatulence collected in the bowels, causing a great amount of distress, the discharge of which but temporarily relieved the other symptoms. Besides the discharge of flatus, there is also a great deal of belching of wind. The pains are generally relieved by standing erect, but are greatly aggravated on stooping. Vomiting, as a rule, is produced only by large doses; small doses generally induce only nausea. *Dioscorea villosa* has proved of great value in the treatment of gastralgia and cramps of the stomach; and so we should expect on perusing the proving. It is also very effectual in the pyrosis peculiar to women during pregnancy. In flatulent or bilious colic it is often indicated, owing to its homœopathic relation to these cases. Like *colocynthis*, to which it is analogous, it has a special affinity for flatulent colic, accompanied by diarrhœic evacuations.—Frederick Kopp in *Homœopathic World*, November, 1894.

THE CURE OF UNCLEANLINESS BY *AMMONIUM CARBONICUM*.—Dr. J. P. Gallavardin reports three cases of mental disease accompanied by great personal uncleanness, in all of which *ammon. carb.* 30th, completely cured the disgusting habits. A fourth observation is yet more remarkable. The patient, a man of 30, was in good bodily health, but had always been uncleanly, neither washing his hands nor his face. He made a parade of his uncleanness, especially on Sundays, when he would wear the dirtiest hat and clothes he possessed. He was lacking in judgment, a great caviller, very disputatious, indolent and excessively lazy. On January 11, 1883, a single dose of *ammon. carb.* 200, was administered in his soup without his knowledge. On January 22d he began to be more cleanly, to such an extent that he reprimanded others for their uncleanness and made them sweep the rooms carefully, and he brushed his clothes when going out and coming in. On the 28th of January he showed himself, perhaps for the first time, with his face washed, his hair combed, and dressed with taste. He no longer cultivated bad company but preferred that of his father, whom he had previously shunned; he no longer had antipathy to his sisters, to whom he became very attentive; his judgment had developed. All the people of his acquaintance were astonished to see the young man of cynical aspect transformed so rapidly into an elegant, polite, and amiable young man. And this happy transformation, effected by a single remedy, given in a single dose, has held good for a period of nearly twelve years.—*Homœopathic World*, November, 1894.

BROMINE AND ITS COMPOUNDS IN PÆDOLOGY.—At a meeting of the New York Pædological Society (*Homœopathic*), held on May 16, 1894, Dr. Martin Deschere read a paper on the above topic. He spoke of the extensive and almost indiscrim-

inate use of bromine and its compounds by the members of the allopathic profession, and of the lack upon the part of the homœopathic profession to use them when properly indicated; and urged a careful study of the drugs. The compound he most frequently prescribed was calcaria brom., which is indicated for the usual calcaria child where there exists an extreme nervous hyperæsthesia. Insomnia, increasing restlessness, and a large head, were characteristic. Camphor brom. is useful in cholera infantum and infantile convulsions. Spasmodic coughs were frequently cured with ammon. brom. Acne yields readily to arsenic brom. Bromoform is largely used by the allopaths for whooping-cough, and, when homœopathic, cures it. Bromine was given by Dr. Curtis to a croupy parrot, and, a speedy cure resulting, led him to apply it to children. He gave it in the tincture (?) in water, and noted marked aggravations before the cure. Observations have since led to the conclusion that bromine administered in the dilutions up to the 30th cures promptly and without aggravation.—*N. Y. Journal of Hom.*, December, 1894.

GENERAL INDICATIONS FOR THE IODIDES OF MERCURY.—In the course of an extemporaneous address before the American Institute of Homœopathy, at Denver, Professor T. F. Allen noted as characteristic general symptoms for some forms of mercury: Excessive secretions, skin, mucous membranes, and glandular organs; acid secretions, from all mucous surfaces; nocturnal aggravations; and general sensitiveness to air. In studying the iodides of mercury (or other salts) it must be borne in mind that the general indications for some mercurial still holds good, but to discriminate among the different ones recourse must be had to symptomatology; thus, the indication, "the head feels bound with a tight cord," when superadded to the general symptoms, will be a sufficient guide, even though this sensation may also be found in the pathogenesis of iodine and carbolic acid. This symptom has led to the selection of this salt of mercury, by preference, especially when an acute inflammation supervenes in a case of chronic nephritis. The greater the proportion of iodine to mercury, the greater the tendency to fever; so the biniodide of mercury is more apt to be indicated when the skin is at times dry and hot, and the affection develops on the left side rather than on the right (as in proto-iodide tonsillitis). Even the acute catarrh of the frontal sinuses, with violent pain caused and cured by iodide of potash, is apt to be associated with high fever, even though potash, like mercury, is a "cold" drug. He could not refrain from speaking of the remarkable results which often result from the proto-iodide of mercury in that most dangerous form of ulceration of the cornea, the serpigenuous; when indicated by the yellow, furred tongue and the mercurial cachexia, its effects are brilliant; but the patients rarely suffer much pain or have much photophobia; in this respect, directly contrasted with aurum, which just as brilliantly cures ulcers of the cornea associated with excessive photophobia, nocturnal aggravation, etc. The aurum patient, unlike the mercury one, is generally sensitive and intolerant, mentally morbid and physically antagonistic; while the mercury fellow is apt to be indifferent, does not care enough about it to be gloomy. Aurum presents the true syphilitic despondency. Ulcerations of the cornea, with excessive photophobia and scarcely any redness, call for conium; the redness is a little out of all reason to the lesion and to the irritability. Kali bichromicum, however, will cure small, perforating (and hence alarming) ulcerations of the cornea, with which the patient complains of no pain, no photophobia, and no fever. There is a curious apathy about this drug; anyway, a great lack of irritability, which is, of itself, a valuable negative indication.—*American Homœopathist*, November 15, 1894.

SYSGIUM IN DIABETES.—Dr. C. H. Viehe reports the case of a young lady, about sixteen years of age, who was presented to him for treatment on November 13, 1889. She had been ailing about a year or more, being treated by an allopathic physician first, who found sugar in her urine; but his treatment did her no good. During the time of the previous summer she used a lady faith doctor, who warned her to use no medicine whatever; but her manipulations and her so-called prayers had not the desired effect. Though at times better for awhile, she turned worse. When she came to Dr. Viehe she had not had her menses for two months; but under the use of pulsat., sepia, etc., they appeared in two weeks. She complained of much nervousness. The quantity of her urine was from six to seven pints in the twenty-four hours, and Trommer's test showed plainly the sugar in the urine. After the use of creosote and other remedies without much benefit, he placed the patient under syssgium, about 8 to 10 drops three or four times a day, and continued this

treatment without interruption, by which gradually the quantity of urine lessened to the normal and the sugar entirely disappeared, and she was entirely well by March 27, 1890. At this writing over four years have elapsed without any recurrence of the trouble.—*American Homœopathist*, December 1, 1894.

NAPHTHALIN IN INTESTINAL DISEASES.—Dr. Theo. Neilson states that internally naphthalin is useful where a non-irritating intestinal antiseptic is indicated, being in these cases reliable and not apt to cause toxic symptoms, even if given in large doses. In chronic fermentative diarrhoeas naphthalin is a remedy he values very highly. In such cases where he fails to find the proper homœopathic remedy he resorts to naphthalin in doses of 5 or 6 grains of the 1x trit. every three or four hours, and has had brilliant results. He does not think the cures are homœopathic, but they are, nevertheless, very satisfactory. Naphthalin is especially indicated when the discharge in bowel complaints has an extremely offensive odor. In dysentery, after it has passed its acute stages and when there is danger of destruction of bowel tissues from gangrenous ulceration and sloughing, naphthalin is of signal value; but the proper dose must be given. If 5 or 6 grains of the 1x every three hours does not have the required effect give double or even three times the dose, and never go higher before the worst symptoms are fairly well subdued. In typhoid fever, second or third stage, and especially if there has been intestinal hæmorrhage, naphthalin is eminently useful.—*American Homœopathist*, December 1, 1894.

CREOSOTE IN METRORRHAGIA.—Dr. H. C. Aldrich reports (*Minn. Hom. Magazine*, December, 1894) the case of a woman, aged 36, married and the mother of four children, the youngest three years of age, who had had a miscarriage (at two months) about a year before. Ever since the miscarriage her health had been poor, and she had more or less pelvic distress and discomfort, but no acute pain. For the six months previous to coming to him she had been troubled with an excessive menorrhagia, which had been constant for three months when he saw her, being, in fact, more of a metrorrhagia, so that she was decidedly anæmic, and while she continued to do her own housework she was not in a fit condition for that work. Coitus caused pain and aggravated the hæmorrhagic discharge, which was offensive and acrid, making the external parts decidedly sore. Examination revealed an enlarged uterus, a lacerated cervix and an endometrium, which to the touch, as determined by use of the sound, evidently had undergone fungoid degeneration; this latter condition being the cause of the metrorrhagia. She was advised to enter the hospital and have an operation for the repair of the cervical laceration and a curettage of the endometrium. To this she consented, but said that she had no one to look after her home and family and would be obliged to wait until a sister could come, which would be in about a month. In the interim he determined to use the indicated remedy and nothing else; so he gave her creosote 3x on disks, one disk every two hours, and in addition she was to take four times a day one teaspoonful of bovine in one-half glass of hot milk. One week later she reported as feeling better. The discharge was less and was not so markedly hæmorrhagic in character, being of a brownish hue and less acrid. At the expiration of the second week she said she had been noticing small membranous or fleshy particles in the discharge, which was more purulent and still less profuse than at the last report. To his mind, from an ordinary inspection of these membranous particles, they were the fungoid degenerations which were sloughing off and coming away. To conclude the report, at the end of the month it was entirely unnecessary for the sister to come or for the patient to enter the hospital, as the uterus had diminished in size almost to normal, the menorrhagia had ceased; in fact, all uterine discharge had disappeared, the pelvic discomfort was gone. The patient had gained in weight and strength and to all intents and purposes was a well woman, and has remained so until the present time.

ARSENIC IN HAY FEVER.—Dr. C. P. Meredith reports that he has found arsenicum useful in hay fever, some cases of which, presenting the ordinary symptoms, were greatly benefited by the local as well as the constitutional use of the drug. He used it locally in the 6th decimal dilution, applying the remedy to the sensitive spots on the mucous membrane of the nasal cavity with a probe covered with a pledget of cotton wool. Each application is succeeded by violent sneezing for a few moments, followed by a profuse flow of mucus, then relief for some hours from all the distressing symptoms pertaining to hay fever. In some cases arsenicum iod., used in the same manner, gave more satisfactory results.—*Southern Journal of Hom.*, October, 1894.

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REASONS FOR THE ADMINISTRATION OF OXYGEN WITH CHLOROFORM WHEN THE LATTER IS USED AS AN ANÆSTHETIC.

BY H. L. NORTHROP, M.D., PHILADELPHIA.

(Report of the Hahnemann Clinical Club Anæsthetic Commission).

THE idea of combining oxygen with chloroform for anæsthetic purposes occurred to me a year and a half ago, while considering the physiological effects of chloroform. Since then I have demonstrated its practical utility.

A search was made for me in the Patent Office at Washington; I have examined the *Index Medicus* for the past five years for articles bearing upon the subject, and I wrote to the London hospitals, and received a reply. From none of these sources could I learn of anything in regard to this combination. Thus it would appear that this is the first instance in which oxygenated chloroform has ever been used.

Function must go on even during the anæsthetic state, though, of course, it is depressed and limited—in the first place by the presence in the blood of a virulent poison, and in the second place because both the cerebro-spinal and the sympathetic nervous systems are

partially overpowered and cannot continue their work. I say *partially* overpowered, because it is the sensory and motor nerves of the cerebro-spinal system which, so far as we know, are most deeply and prominently poisoned. To prove this statement, the nerve-centres of the cerebro-spinal system governing the respiratory and circulatory functions are *not* involved in the poisoning unless a lethal dose be administered, while at the same time we have a more or less complete paralysis (if you please) of all the other motor and sensory nerves. Again, to aid in maintaining the circulation, we must have a continuance of vasomotor influence, and this must be, and is, supplied by the sympathetic nervous system.

This satisfactorily proves that certain functions are carried on to some extent even during the anæsthetic state. To just *what* extent function is carried on it is impossible to say, and, in fact, it is not at all necessary for us to know. Function depends upon the oxidation of tissue; oxygen is the oxidizing agent of the body. Anything that lessens the supply of oxygen to the animal body will interfere with its functions. The extent to which function is interfered with depends, of course, upon how much the supply of oxygen is lessened. It is certain, therefore, that we *must* have oxygen in sufficient amount if function—and, therefore, existence, life, vitality—is to be maintained.

Why is chloroform such a deadly anæsthetic? Why have thousands of dollars been expended and thousands of animals been sacrificed, and Hyderabad and Glasgow Commissions been appointed? Why have medical men argued and debated with one another, vainly trying to solve this momentous question? Is it not all for the purpose of trying to determine *why* chloroform kills, and to find a safer method for its administration?

The vapor of chloroform is very heavy—more than four times as heavy as atmospheric air. Because of its weight, when administered by the open method, atmospheric air is partially excluded, and therefore the amount of oxygen absorbed is diminished. If the air is mixed with chloroform mechanically, as by the Junker inhaler, we even then have the amount of oxygen absorbed reduced one-half, and, of course, this is replaced by the absorption of an equal weight of chloroform. If the chloroform be given in a more concentrated vapor, its weight is sufficient to prevent the absorption of oxygen altogether, and death follows, in great part, from complete deprivation of oxygen.

We have seen that oxygen is necessary for the maintenance of

function; function is necessary if life exists; chloroform, by the weight of its vapor and by the physical laws governing the arrangement and absorption of gases, displaces the oxygen and reduces the quantity absorbed one-half, even if the atmospheric air be freely mixed with it.

Chloroform, by its weight, falls into the deepest and ultimate air vesicles; hence it is brought into close contact with the blood, and rapid absorption is favored. This, of necessity, potently tends to surcharge the blood with chloroform and to displace or decrease the normal amount of oxygen, and interferes with oxidation, upon which function depends. For this reason our patient's life is endangered, and that is why, also, pure oxygen should be mechanically mixed with the vapor of chloroform.

FORMAL REPORT OF THE ANÆSTHETIC COMMISSION.

Mr. President: Your Anæsthetic Commission begs leave to make its final report upon the experiments with chloroform and oxygen, presenting to you the data of 100 cases, with a few observations and practical conclusions as the outcome of our work.

We preface our tabulated list of cases by stating that all of our patients underwent a careful preliminary physical examination as regards heart, lungs and kidneys, the result of the same being noted on anæsthetic blanks.

Squibb's chloroform was used, and the oxygen was contained, under pressure, in iron cylinders, each of which held forty gallons. The oxygen was passed through the chloroform, the vapor thus formed conveyed to a mask or inhaler, which was made to fit closely around the patient's mouth and nose. The inhaler was provided with a valve for admitting or excluding atmospheric air, and a rubber bag, into which the patient exhaled when the valve was closed. This simple form of apparatus was found convenient, portable and easily managed and controlled.

The cases (see pages 84, 85 and 86).

NOTES.

CASE 18.—Vomited six hours after and at intervals during next 24 hours.

CASE 49.—One week previously ether was administered for enterorrhaphy and was followed by *severe* vomiting. It is only just to say that the second anæsthetization was much shorter than the first.

No.	Age and Sex.	Heart, Lungs, Kidneys.	Pulse Before.	Pulse During.	Pulse After.	Temp. Before.	Temp. After.	Time to Anesthetize.	Length of Operation.	Quantity of Chloroform used.	Vomiting.	Diagnosis, Operation, etc.
1	F. 27	Normal	80	102	88	Deg. 100.	Deg. 99.4	Min. 4½	Min. 7	Drs. ¾	None	Examination of pelvic organs.
2	M. 27	"	72	98	90	97.6	99.	19	45	7½	"	Amputation of toe; alcoholic.
3	M. 34	"	88	96	100	100.8	100.	3	20	1	Retching	Secondary suture.
4	F. 19	"	80	75	"	"	"	3	15	"	"	Removal of growth from shoulder.
5	M. 4	"	"	"	"	"	"	1¼	20	"	None	Canthotomy.
6	M. 1½	"	"	"	"	"	"	1½	10	"	"	Curettement of corneal ulcer.
7	M. 61	"	76	66	"	98.2	"	4	18	3	"	Caries of metatarsal bones.
8	M. 7	"	110	84	"	102.	"	3	27	3	"	Abscess of thigh.
9	M. 5	"	100	"	82	98.2	"	1¼	9	1	"	Cyst of neck.
10	M. 76	"	74	63	"	98.	"	6	34	4	Mucus	Double castration for hypertrophied prostate.
11	M. 16	"	82	78	"	98.8	"	3	18	2	None	Amputation of toe.
12	F. 35	"	70	72	"	"	"	3½	14	?	"	Lacerated wound of forehead.
13	M. 52	"	100	"	"	100.	"	5¼	57	102.4 drs.	"	Compound fracture of tibia and fibula; alcoholic.
14	M. 15	"	70	"	"	99.2	"	3	25	5	"	Trephining of mastoid. Retching on table controlled in 5 to 10 seconds by forcing anæsthetic.
15	M. 37	Albumin	64	72	"	99.	99.6	4	44	7	"	Perineal section.
16	M. 24	Normal	72	90	72	98.4	"	2½	52	5½	"	Excision of tubercular spermatic cord.
17	F. 75	Albumin	80	72	90	99.	99.2	2¼	25	2	"	Enucléation of melanotic sarcoma of neck.
18	F. 28	Normal	90	76	"	99.8	"	3¼	53	9	"	Laparotomy for hæmatoma. Note.
19	M. 61	Albumin	80	68	104	98.8	98.6	2½	35	7	Vomiting	Perineal section.
20	M. 20	Normal	120	82	"	98.6	"	4½	15	3	None	Ingrowing toe-nail.
21	M. 21	Albumin	108	84	78	99.2	98.6	5	42½	6	"	Celiotomy for abdominal growth.
22	F. 27	Normal	80	61	96	99.	99.2	5½	71	7	"	Lacerated perineum.
23	F. 13	"	112	"	"	100.	"	7	24	7	"	Necrosis of tibia.
24	M. ...	"	88	80	"	"	"	4¼	5	"	"	Sub-glottal dislocation of humerus.
25	M. 51	"	100	80	"	99.6	"	7	38	6	"	Perineal abscess.
26	M. 51	"	80	120	"	103.	"	3	50	4	"	Perineal section.
27	M. 23	"	80	118	"	"	"	3½	34	4	"	Suture of extensor tendons of thumb.
28	M. 34	"	84	60	76	101.	"	8½	69½	10	None	Compound comminuted fracture of tibia and fibula.
29	M. 33	"	88	76	84	99.4	"	6	52	7	"	Hæmorrhoids; alcoholic.
30	F. 34	"	88	70	76	99.6	"	4	23	3¼	"	Secondary suture of celiotomy wound.

No.	Age and Sex.	Heart, Lungs, Kidneys.	Pulse Before.	Pulse During.	Pulse After.	Temp. Before.	Temp. After.	Time to Anesthetize.	Length of Operation.	Quantity of Chloroform used.	Vomiting.	Diagnosis, Operation, etc.
31	M. 29	Normal	86	66	72	Deg. 99.8	Deg. 99.8	Min. 5	28	Drs. $4\frac{1}{2}$	None	Rubec.
32	M. 40	"	66	54	62	99.6	99.6	$5\frac{3}{4}$	16	$1\frac{1}{2}$	"	Amputation of toe.
33	F. 34	Albumin	82	68	74	99.2	99.2	$5\frac{1}{2}$	29	$2\frac{1}{4}$	"	Fistula in ano.
34	M. 61	Normal	80	72	76	98.6	98.6	7	18	$2\frac{3}{4}$	"	Internal urethrotomy.
35	M. 12	"	86	66	74	99.4	99.4	4	54	3	"	Thiersch skin-grafting.
36	M. 22	"	.....	.....	.....	.....	.....	6	20	.....	"	Hydrocele.
37	F. 7	"	.....	.....	.....	.....	.....	4	10	.....	"	Excision of fine wens.
38	F. 27	"	80	75	76	.....	.....	$2\frac{1}{2}$	55	1	"	Examination of cornea.
39	M. 54	"	60	48	60	100.4	.....	6	55	$3\frac{1}{2}$	6 hours after	Fracture of skull; alcoholic.
40	F. 30	Albumin	96	66	66	99.4	98.	4	5	5	None	Amputation of breast.
41	M. 60	Normal	70	60	70	98.6	98.6	5	26	3	"	Necrosis of phalanges of foot.
42	F. 61	"	86	72	76	100.2	.....	$4\frac{3}{4}$	18	$1\frac{1}{4}$	Mouthful mu.	Secondary suture, compound fracture of tibia.
43	F. 46	"	.....	70	74	99.8	.....	4	22	1	None	Abscess of breast.
44	M. 38	In collapse	Not count-able	.....	Sub-normal	.....	.....	3	18	$3\frac{1}{4}$	"	Celiotomy for ruptured liver, intestine, etc. Infusion before and after operation.
45	M. 19	Normal	98	72	76	99.6	.....	4	22	1	"	Incision of scalp for suspected fracture of skull.
46	F. 61	"	76	66	78	99.6	98.2	$4\frac{1}{2}$	30	3	"	Compound comminuted fracture of tibia and fibula.
47	F. 33	"	144	141	140	.....	.....	$2\frac{1}{2}$	24	2	"	Lacerated perineum, shock and hæmorrhage from labor.
48	M. 34	"	68	54	86	97.6	97.6	5	58	4	"	Hæmorrhoids; alcoholic.
49	M. 35	"	62	58	66	99.8	98.4	$3\frac{1}{2}$	15	1	"	Dressing of celiotomy wound after end to end enteror-rhaphy.
50	M. 52	"	64	60	72	97.8	98.4	5	13	1	"	Meatotomy; examination of bladder.
51	F. 43	"	92	48	98	99.4	98.2	4	51	3	Mucus	Celiotomy for hæmatoma of Fallopiian tube.
52	M. 62	Albumin	61	60	72	98.4	98.	4	35	3	None	Resection of necrosed metatarsal bones.
53	M. 49	Normal	66	60	60	99.	100.6	$4\frac{1}{2}$	27	$1\frac{1}{4}$	"	Abscess and sinuses of buttock. Note.
54	M. 13	"	93	76	94	98.6	98.	$1\frac{1}{2}$	24	1	Mu. and bile	Circumcision.
55	M. 18	"	72	78	78	99.2	99.	$3\frac{1}{2}$	16	1	Mucus	Perineal abscess. Note.
56	F. 22	"	131	126	132	102.3	102.	8	5	1	None	Irrigation of uterus.
57	M. 22	"	72	66	96	98.4	99.	3	52	2	Bile	Fistula in ano.
58	M. 33	"	72	66	108	98.6	98.6	$5\frac{1}{4}$	55	2	None	Excision of gummata.
59	M. 63	"	56	58	80	98.4	97.8	$3\frac{3}{4}$	31	$1\frac{1}{2}$	None	Herniotomy.
60	F. 63	"	88	62	94	98.8	97.8	5	34	$2\frac{1}{4}$	Bile	Exploration of skull for suspected fracture.
61	F. 29	"	116	80	116	99.2	97.8	4	40	2	None	Celiotomy for pelvic abscess.
62	F. 35	"	64	60	60	99.2	98.6	3	25	$1\frac{1}{2}$	Mu. and bile	Nephrorrhaphy.
63	M. 10	Pus and alb. Normal. { Mitral re- { ang. aor- { tic stenosis	132	81	.....	98.6	.....	$1\frac{1}{2}$	29	$3\frac{1}{4}$	Mucus	Circumcision.
64	M. 23	"	68	58	124	98.4	99.4	$2\frac{3}{4}$	40	1	None	Varicocele. Note

No.	Age and Sex.	Heart, Lungs, Kidneys.	Pulse Before.	Pulse During.	Pulse After.	Temp. Before.	Temp. After.	Time to Anesthetize.	Length of Operation.	Quantity of Chloroform Used.	Vomiting.	Diagnosis, Operation, etc.
65	F. 45	Pus and alb. Normal	82	66	.....	Deg. 98.6	Deg.	Min. 3	Min. 65	Drs. 4	None	Complete laceration of perineum. Perineal section; internal urethrotomy.
66	M. 30	"	66	68	.....	99.4	.....	6 1/2	66	5	"	Phlegmon of hand.
67	M. 19	"	72	72	.....	98.4	.....	2	11	1	"	Ankylosis of elbow.
68	F. 12	"	96	66	.....	99.4	.....	4	18	3/4	"	Trephining of mastoid.
69	M. 42	"	64	70	.....	98.2	.....	5 1/4	43	3 1/2	"	Extripation of sarcoma of neck.
70	M. 68	"	82	70	.....	98.8	.....	4	36	1 1/2	"	Fistula in ano.
71	M. 41	"	120	84	88	99.	98.6	9	90	6	"	Double oöphorectomy.
72	F. 48	"	80	78	84	99.2	.....	4 1/4	95	6 1/2	"	Herniotomy.
73	M. 58	"	58	60	64	98.6	.....	1 1/2	25	1	Bile	Supra-pubic cystotomy.
74	M. 77	{ Mitral regurg., alb. and pus } Normal	80	80	120	98.4	.....	3 1/4	22	1	None	Extra-uterine pregnancy. Note. Sarcoma of neck; alcoholic.
75	F. 28	"	156	84	122	100.5	99.	2	94	3	Excessive	Periostitis of inferior maxilla.
76	M. 35	"	68	54	66	98.6	.....	5	100	7 1/4	None	Pelvic abscess.
77	M. 52	"	80	78	76	98.8	.....	3	25	2	"	Fracture of skull.
78	F. 29	"	104	102	102	99.2	.....	4	53	1	"	Fistula in ano.
79	M. 38	"	80	72	72	98.6	.....	4	36	1	"	Complete laceration of perineum.
80	M. 45	"	60	66	65	99.2	.....	6	18	1	"	Herniotomy.
81	M. 8	"	96	92	90	99.8	.....	1 1/2	10	1 1/2	"	Neeriosis of tibia.
82	F. 26	"	78	72	72	99.	.....	4 1/2	65	4	"	Complete laceration of perineum.
83	M. ...	"	110	84	90	99.2	99.	6 1/2	41	4	Bile	Periostitis of tibia.
84	M. 27	"	70	70	70	.....	.....	6	20	.....	None	Secondary suture.
85	F. 28	"	123	132	112	101.2	99.	2 1/2	59	4	"	Dressing of burns.
86	F. 20	Albumin Normal	108	102	120	101.	98.3	3 1/2	50	3 1/2	Bile	Epithelioma of lip; alcoholic.
87	M. 35	"	88	92	90	98.8	101.2	5	15	1	Bi. bl'd. mu.	Ankylosis of knee; alcoholic.
88	M. 30	"	60	64	72	98.6	96.	3	18	1	None	Nephrotomy for stone.
89	F. ...	Albumin Pus and alb. Normal	70	66	86	99.	98.2	5 1/2	44	6	"	Epicyotomy.
90	M. 63	"	76	116	94	99.2	97.	1	55	2	Bile and mu.	Fracture of humerus.
91	F. 74	"	72	116	70	99.2	.....	8	.....	1 1/2	None	Ankylosis of knee.
92	M. 16	"	72	80	70	99.4	98.4	3	10	3/4	"	Redressing of burns.
93	M. 14	"	101	114	102	101.4	100.3	3	28	1	"	Oöphorectomy.
94	F. 29	"	90	86	126	99.4	98.4	3	36	5	Bile	Dilatation of cervix.
95	F. 36	"	96	104	124	99.6	99.2	3	36	2	Bile and mu.	Gum valgum.
96	M. 3	"	92	96	.....	98.4	.....	1 1/4	45	2	None	Amputation of leg; alcoholic.
97	M. 34	"	88	86	.....	101.8	.....	5	18	6 1/4	"	Redressing of burns.
98	F. 24	"	96	108	104	101.6	101.4	1 1/2	35	1	"	Appendicitis.
99	F. 22	"	96	99	98	101.	.....	6	23	.....	"	Appendicitis.
100	M. 21	"	82	80	96	98.6	99.6	9	58	.....	Bile	Appendicitis.

CASE 53.—No cause for high temperature following his operation could be found.

CASE 55.—Awoke in 15 minutes after being put in bed, sat up and vomited 2 ounces of clear, greenish fluid.

CASE 64.—Pulse irregular before beginning inhalations. During operation syncope, probably due to renewal of a concentrated vapor because patient manifested signs of returning consciousness. Syncope overcome by inversion of patient and dilatation of anal sphincters. Operation completed without further trouble.

CASE 75.—Vomited excessively for 36 hours before operation.

A perusal of the above list will easily show results different from those of any other anæsthetic, while at the same time we find effects which can be attributed to the chloroform and are noted whenever this drug is administered alone.

Complete anæsthesia was produced, as a rule, in a shorter time than can be done by ether or chloroform. The shortest time required to bring about complete anæsthesia with oxygenated chloroform was one-half minute, in case 81, and the longest time 10 minutes, in case 3. (Observe that the latter case was an alcoholic, and one of our earlier cases, when we were not well acquainted with our anæsthetic). The average time consumed in anæsthetizing each case was $4\frac{7}{10}$ minutes, which average is probably lower than any yet published for ether or chloroform administered by the open method, and possibly lower than any for the closed inhalers (Clover and Junker).

The quantity of chloroform used in many of the cases was certainly insignificant, and, of course, the amount of oxygen consumed must have been in direct proportion to the quantity of chloroform vaporized. We could not ascertain the quantity of oxygen used in each case; one cylinder, however, lasted for about six hours of anæsthetizing.

One of the most prominent (and, we must say, pleasing and satisfactory) conditions attending the use of oxygenated chloroform was a rosy color and healthful blush of the lips and cheeks, and a bright red oxygenated state of the blood flowing from a wound. These apparent expressions of good æration were noticed by many bystanders, and are worthy of note because of the contrast presented to the well-known, death-like pallor attending the use of chloroform alone.

Vomiting occurred in about 30 per cent. (or less) of the cases. It has usually been of short duration, consisting of a watery, greenish fluid (bile and mucus), and only an ounce or two to each case so

affected. Some of our patients had slight, temporary nausea, others merely retched without vomiting, and, as above stated, about 30 per cent. vomited. Frequently retching occurred while the patient was on the operating table. This was immediately and successfully controlled in all cases by turning on the current of oxygenated chloroform.

In the matter of vomiting our anæsthetic was put to a pretty good test. More than a year ago Dr. I. G. Smedley removed the ovaries of a woman who was anæsthetized with ether. She vomited persistently for one week and her general condition became seriously imperiled. Previous to this her cervix and perinæum were restored by Dr. Goodell, of this city. Ether was given this time also, and she vomited for 9 days after the operation. She constitutes case 62 on our list, nephrorrhaphy having been performed by Dr. W. B. Van Lennep. Our notes say: "Conscious in 10 minutes after placed in bed at 3 P. M. No vomiting until after 9 P. M., when cracked ice was given. Vomiting of a thin, greenish fluid in mouthful quantities at intervals all night." The next morning the patient's stomach and liver were quiet, and remained so, an uneventful recovery following.

Oxygenated chloroform usually slows the pulse, and the more deeply the patient is anæsthetized the more slowly the heart beats, but the pulse is full and strong. The respirations are apparently not affected. The respiratory movements are certainly not labored or excited, though in one or two cases the respirations were irregular, at one time fast, at another, slow.

Recovery takes place very quickly, our patients often being wide awake in 10 or 15 minutes after they are placed in bed, and almost invariably without any delirium or sign of intoxication. As an exception to the statement just made, case 10, a minister, required four people to hold him in bed for the first 10 or 15 minutes following his operation.

This, Mr. President, ends the formal report of our experiments.

Respectfully submitted,

H. L. NORTHROP, M.D., Chairman,

L. W. THOMPSON, M.D.,

B. K. WHIBUR, M.D.

ATROPINE IN PROSOPALGIA.—Dr. Mossa prefers atropine to belladonna in facial neuralgia where there are no associated congestive symptoms. He reports a typical case of neuralgia of the trigeminus with coexisting cardialgia which rapidly yielded to atropine. — *Journal Belge d'Homœopathie*, No. 4, vol. i.

THE COMMUNICABILITY OF TUBERCULOSIS BY MEANS OF THE FLESH
AND MILK OF KINE.

BY H. M. PAINE, A.M., M.D., ALBANY, N. Y.

(Read before the Homœopathic Medical Society, State of Pennsylvania, September, 1894.)

AT first thought, an *apology* would seem to be in order for presenting to the society a subject so completely worn threadbare as that of *consumption*.

When we consider, however, that the human family is *decimated* by this remorseless scourge, that *one-sixth* (Tison claims one-fourth) of all deaths occur from its destructive ravages, that it causes a loss of one-third more lives than all other diseases of the respiratory organs, that no climate is exempt from its sway—the frosty regions of the north, the scorching heats of the south and the more genial atmosphere of the temperate zones being alike subject to its deadly influences, it would seem that no apology is needed for calling special attention, in a few brief paragraphs, to *one* of the recognized *causes* of this, supposed to be, *preventable* disease.

The *Medical Record* of September 29, 1894, states, editorially, "That this at once *infectious* and *contagious* disease, very difficult to expel when it has once invaded the organism, *tuberculosis* remains the cause of death that science has *least succeeded in mastering*."

It is a matter of recent date that consumption has come to be considered as *less* an *inherited* disease and *more* an *acquired* one.

If, then, the results of thorough investigation show the disease to be one that, in a large proportion of cases, is an *acquired* one, above all things else, show us the *means* by which it is implanted in the human organism, and the *conditions* by which the disease, once started, is carried forward with such unerring certainty to a fatal termination.

Omitting in this brief paper any reference to causes recognized as hereditary, climatic, mechanical, and those supposed to have a local origin, let me endeavor to set forth the *connection* that plainly exists between the presence and prevalence of this alarmingly fatal malady in *man* and the presence and prevalence of substantially the same disease in *kine*.

Without intending or attempting to explain scientifically the exact connection that exists between consumption in man and the same

disease in kind, and without attempting even to show beyond peradventure that these *certainly* bear the relation to each other of *cause* and *effect*, I am hoping to be able to furnish credible evidence showing that this relationship is so close, and the deductions therefrom so well founded, as to amount *almost* to a practical demonstration.

And I also hope to show that by means of the application of even a moderate amount of practical sagacity on the part of some persons in the matter of the cultivation of an *appetite or taste* for *well-cooked food*, instead of an appetite for that which is *uncooked*, a condition will be established by which, doubtless, the ravages of this fell destroyer of human life can be *measurably held in check*.

I am always impressed with a feeling of *solicitude* on listening, at restaurant and hotel tables, to the orders that are given almost uniformly for *rare* roasted meat and *rare* steak.

It seems to me that if the persons giving such orders were only willing to patiently cultivate a *taste* for thoroughly-cooked *meat* and *milk*, they would themselves be the gainers, in becoming far less liable to the well-recognized risk of exposure to *tubercular contamination*.

The question how to prevent the inception and development of preventable diseases has puzzled the brains of the wisest humanitarians from time immemorable. If consumption (tuberculosis), using the terms synonymously, is a *preventable* disease, it is manifestly a matter of *first importance* that *information* regarding the *conditions* favorable to its development should be as widely disseminated as possible.

THE PRESENCE AND GENERAL CHARACTERISTICS OF BOVINE TUBERCULOSIS.

Tuberculosis is described, in the Report on Infectious Diseases of Cattle, for 1892, as "an infectious disease characterized by the formation, in various organs of the body, of minute nodules or tubercles, which contain the *bacillus tuberculosis*," and the bacillus, it is claimed, is the "*cause of the disease*." The disease has been known for many centuries; has long been the subject of legislative enactments, the provisions of which involved the destruction of the diseased animals and prohibited the use of the flesh. Various theories regarding the nature of the disease have been advanced, and the form of legislation has been greatly modified thereby. An hundred years ago some of the false theories regarding its origin and influence were given up and all prohibitory restrictions were rescinded.

Since that time, however, public opinion has strongly set in favor of more effective limitations than ever. It is a disease that has prevailed more or less extensively in all civilized countries, and statistics kept in some of them show the number of cases to be about 2 per cent. It is a disease, however, that shows a decided tendency to occasionally break out with extreme virulence in an epidemic form, as seems to be the case at the present time in this country. It is a disease, also, that affects cows twice as frequently as oxen and seven times more frequently than calves and yearlings. Ranging the animals according to age, there are, under three years, ten cases; from three to six years, thirty cases, and over six years of age, forty cases.

Bovine tuberculosis, it is claimed, is *always* caused by infection from some previous case; it can never arise spontaneously; the *source* of infection being, in a large majority of cases, *inhalation* into the lungs of *dried sputa* conveying the bacilli along therewith, or the bacilli may be conveyed with the milk or other food into the digestive organs.

The bacilli withstand drying for some months before losing their power of producing disease, and in this condition are pulverized and wafted about by currents of air, and in that way are often conveyed long distances. This accounts for the fact also, that the source of infection enters through the lungs fifteen times more frequently than through the digestive organs.

Taking into account the fact that the constituents of the blood, and the structure of the bones and tissues, are substantially *similar in man and in kine*; and noting also, that *both* are subject to the same forces of animal life, physiologically, chemically and pathologically, it is *not* a matter of surprise that the same causes that produce tuberculosis in *one* will also in the *other*; in fact, so far as regards the germinal sources of infection, and the frightfully fatal results of such infection, the *identity* of the two diseases seems well established.

The results of investigations carried on, more particularly during the past ten years, with diligent regard for accuracy, show beyond doubt that in *all* countries where cattle are kept in a state of domesticity, such cattle *always* show the *presence*, to a greater or less extent, of *tuberculous* disease. In Mexico, the presence of this disease is found in 34 per cent. of the animals slaughtered for food. And in *all* countries where the animals are *stall-fed* the prevalence of the disease is *far greater*. The presence of bovine tuberculosis is being

constantly demonstrated with such abundant evidences of positive proof, that, at the present time, there is established in every country where the disease exists to any considerable extent, a department of *Governmental inspection* of meat and dairy products; and this inspection is being applied with steadily increasing efficiency, as accumulating evidences of the prevalence of the disease indicate the necessity for more and more *rigid supervision*. And the establishment of this widely extended Governmental supervision constitutes not only a well directed effort to prevent the spread of a *preventable disease*, but is also a *forcible endorsement* of the well founded assumption, that the presence of bovine tuberculosis is a constant *source of positive danger to man*.

Attempts at ascertaining *facts* relative to the prevalence of bovine tuberculosis are continually being defeated through the *greed* or apparent necessity, it may be, on the part of the owners of kine, to *suppress* all evidence of disease in slaughtered animals, but such evidence should entail pecuniary loss. Stock dealers and cattle raisers have repeatedly found by experience the desirability of slaughtering cattle on the *first evidences* of failure of health, in order to get what they can for a diseased animal, rather than *risk a total loss* by delay. In these cases no effort is made to *verify* their suspicions of the presence of disease; but on the contrary every effort is made to *conceal* the fact; and if, as frequently happens, the organs involved are mainly the throat, air passages, and abdominal viscera, their efforts are *nearly always successful*. Hence it is found, that in large numbers of instances the presence of bovine tuberculosis actually exists, the flesh, the fat and the milk are *contaminated*, and are a *destructive force* in every community, the fact thereof being suppressed through the natural cupidity of dealers, and through lack of complete and effective Governmental inspection. In fact it is quite probable, that had it not been for the thorough inspection of herds, instituted in the interests of dealers in high-priced stock, we would still have been as totally ignorant of the prevalence and insidious presence of bovine tuberculosis as we were twenty years ago. Notwithstanding the constant efforts put forth by owners of cattle to *suppress* information relative to the presence of this terribly fatal malady, and notwithstanding the fact that, during the first few months of its development, its existence is not easy of detection even by the most skilled experts; evidence such as is obtainable shows that at the present time, throughout this State there are at least *four* well-developed cases in every hundred cattle.

More than twenty thousand cattle were subjected to expert examination in New York State in the year 1893, and of this number nearly nine hundred (3 per cent.) were slaughtered—a percentage that can fairly be *doubled* without including the whole number in which, in all probability, the disease is still in its incipient stages—a number quite sufficient to brand with *suspicion* the whole supply of *meat, milk, cream, cheese and butter* that is eaten throughout the entire State.

Indeed, the alarming prevalence of this malady has only been brought prominently to public notice through the frequency of acute epidemic outbreaks that have more recently visited certain localities, these epidemics involving, in some instances, every individual member of the largest and best cared-for herds.

In the absence of compiled statistics showing the general prevalence of this fatal disease in this country, the evidence of its presence in *particular localities* indicates, with alarming definiteness, a condition of progressive development that is appalling, and is one that warranted the appointment of a *special commission* by the last legislature of this State, to make a thorough investigation of this subject in all its bearings and relations upon public health, and the degree of liability to disease which the flesh and milk of kine is likely to awaken in those who use these articles of food.

Taking reports of the presence of tuberculosis in cattle from *particular localities*, a few examples will suffice to indicate very clearly that the disease prevails to a far *greater extent* than has hitherto been even suspected. Professor Law, of Cornell University, in his report to the Department of Agriculture, states that “20, 30 and even 50 per cent. of certain herds that supply New York City with milk are affected with this disease, and in some localities it can be shown that 90 per cent. of some large herds are subjects of tuberculosis;” and the testimony of noted specialists is rapidly accumulating, that a similarly alarming condition exists in other parts of the country.

Dr. M. D. Blaine, in the *Medical Record* of January 15, 1887, “I have examined over four thousand head of cattle in different sections of New York State, and I find that the disease is *more prevalent* than is generally known.

“The majority of animals that I have examined were milch-cows, and I find *twenty-one* per cent. manifesting symptoms of the disease, but perhaps not over *four* per cent. manifested pulmonary lesions.

“I have visited some herds where at least *fifty* per cent. could be shown to be tuberculous.

"The disease seems to be much more prevalent in some localities than in others. For instance, in low, wet and marshy districts it is very common, also in places where animals are poorly fed and are kept in close confinement and in poorly ventilated stables."

He continues: "I visited the stock-yards at 159th Street, in the city of New York, during the month of July (1886), and saw *thirteen* cows that were offered for sale, *three* of them being badly diseased, one of the three being thirteen years old and manifesting pulmonary lesion. On acquainting the manager of the yard of the fact, I was told that the cows had been sold to parties in Jersey City, for milkers.

"I also visited herds that furnish milk for the City of Brooklyn, and I did not fail to find tuberculous animals in *every herd*, and in some of the herds the percentage of cases was *very large*.

"I was astonished, however, in not finding a still larger percentage, as the manner in which the animals were being cared for was not only unhygienic, but cruel, especially in winter—the cows being tied in small barns in the fall, and *were not taken out* in the open air until spring.

"Occasionally we read in the daily papers of sudden outbreaks of the disease in different parts of the country, where whole herds are destroyed, as was the case at the Willard Hospital for the Insane, the institution sustaining a loss of two hundred head.

"I believe, if all the reports throughout the country could be gathered together, we would find that the disease has already developed to an *alarming* degree."

My son, Dr. N. E. Paine, who for seven years had charge of the Westborough (Mass.) Hospital for the Insane, observed repeatedly that notwithstanding every known means was used to properly promote the health and well-being of the herd, yet nearly every spring two or more members of the herd were found with indications of the presence of tuberculous infection, and were at once removed from association therewith. It is to be noted that this herd of about forty head was constantly under observation, yet, in spite of the best efforts, the animals had passed into the *second stage* of the disease before its actual presence became apparent, the milk of the animal being, doubtless, a *direct source of contamination*.

Dr. Blaine, in the article cited, also gives the history of the discovery and progress of the malady as observed at the Willard Hospital.

He states : "During the fall of 1883 tuberculosis broke out in an acute form in the hospital herd, which consisted of about one hundred head of milch-cows and forty head of young animals, most of which were of Holstein stock, and, with the exception of a few head, all were in excellent condition and thought to be in perfect health.

"During the summer months however, a number of the cows were noticed coughing, which attracted some attention, but nothing of a serious nature was suspected until late in the fall, when those that had been noticed coughing, began to emaciate, presenting in general a very bad appearance ; the hair seemed dead, having lost its gloss, standing erect, and cleaving from the skin. Their eyes were sunken and presented a heavy appearance. The animals did not move about, and usually lingered behind on going to and from the pasture, and if hurried they seemed exhausted from want of breath.

"My attention was called to them, and on examination I found in several cases an entire absence of respiratory murmur over the greater portion of either lung, and where the respiratory murmur was perceptible, I detected moist râles, and in places the râles had assumed a resonant character, which indicated consolidation.

"A severe diarrhœa had now developed which was very offensive and the milk supply had gradually lessened for several months. Finally, it was thought best to kill one of the feebler ones, and ascertain the true nature of the disease." The results of the post-mortem examination, described with clearness and precision, show with appalling certainty the real nature of this fatal disease. Briefly summarized, the following conditions were found : "Great emaciation. The tissue so highly tuberculous that there seemed to be no organ in the body free from the disease. The lungs were voluminous, and double their normal weight. In one case the increase of weight from the tubercular deposit equalled twenty-four pounds. Lungs completely adherent on either side, and in large numbers of cases the whole lung seemed to be one mass of tubercular deposit. In some places vomica were formed ; in others the deposit was calcified ; and in others, cheesy. The bronchial glands, three or four times their normal size, and degenerated. Numerous tubercles the size of hazel nuts and smaller, were found upon either surface of the diaphragm.

"The liver enlarged to two or three times its normal size, and containing large masses of tuberculous deposit, equal in weight to several pounds. Cross-sections of the liver revealed large cavities filled with muco-purulent masses.

"Intestines covered with tubercles, and in a state of sub-acute inflammation. The mesenteric glands were degenerated. All of the abdominal organs were more or less affected. The milk bag frequently contained several large deposits, some of which were calcified ; others were softened and in a semi-purulent state. All of the glands throughout the body were enlarged, and in places degenerated. General enlargement of the superficial lymphatic glands, also of the sub-maxillary and thyroid."

An examination of the whole herd revealed positive evidences of the disease in twenty-six cases, and several others that were considered suspicious. Three months later twenty-eight of the most advanced cases were killed, and on examination all were found affected, but not all to the same degree. The organs principally affected were the serous membranes, the lungs, liver, bowels and in many cases the milk-bag.

Among other important statements and conclusions presented in this exhaustive paper, the following are the most important: That of fifty-three calves born to this herd, *twenty-nine* were found tuberculous in some of the viscera. That this herd was kept for two and a half years under monthly inspection, the diseased animals being promptly removed and killed as soon as evidence of degeneration appeared. That by the end of that time, the entire herd having been slaughtered, in nearly every case diseased tissues were found in some of the viscera, and in many cases very pronounced evidences thereof. That in one instance the force of the disease centered upon the bronchial glands, which were enormously hypertrophied from one by five inches in breadth and length, and half an inch in thickness, to ten or twelve inches in length, and six inches in thickness, the animal during life having given no evidence whatever of the presence of the disease. That in several other cases no evidence of the disease could be found except in the glandular structure, and this without apparent enlargement. That the only possible objection that could be raised regarding the care of these animals related only to *ventilation*; the stables being kept scrupulously clean, being washed daily, the best possible drainage being afforded by the side-hill location at the barn; the supply of food also, being the best of hay, corn-fodder, bran and vegetables; care being taken to have the cows remain night and day, even during winter, except during the hours of feeding and milking, in sheds open at one end. That it did not seem possible for the disease, or dyscrasia to have been *inherited* in all cases. Hence the conclusion is irresistible that it must have been both *inherited and acquired*. That if acquired the only sources must have been by *inhalation* or *ingestion*. That proof the most positive was abundantly furnished, showing that tuberculosis is communicated by the use of the *milk* and *meat* of tuberculous animals. That many carefully conducted experiments show beyond question that the *milk* of tuberculous cows is not only harmful but is particularly *dangerous*, in that it is capable of reproducing disease *similar in character*, hence possesses the qualities termed *infectious*.

That in that hospital, out of a herd of three hundred swine, a large percentage of those fed on the offal from the slaughter-house where a number of tuberculous cows had been killed, were found tuberculous, the abdominal viscera being mainly affected, some of them dying suddenly evidently of acute tubercular peritonitis. That the disease also extended to other parts of the body, causing metastatic abscesses; tubercles in the milk-bag; lameness, from tubercular inflammation of the joints; paralysis of the hind legs, caused by softening of the bodies of the vertebræ, and degeneration or obliteration of the spinal cord. That with the killing of all the swine that had access to the offal, and disinfection of the yards, no other cases of the disease occurred. That experiments also show that when the disease in the cow is confined to other parts of the tissue than the milk-bag or along the lacteal tract, there is less liability to danger of infection; usually however, in such cases the milk in time loses much of its fat elements, becomes innutritious, bluish and watery in appearance, a fact sufficient to condemn its use.

That it is generally conceded that if tuberculous meats and milk are *well cooked* previous to usage, there is much less liability of harmful effects; in fact, the results of many trials show a difference of 15 or 16 per cent. in favor of *cooked food*.

That any preparation of meat juice or extracts prepared *without the application* of heat should be used and recommended with extreme caution.

That experiments show that the inhalation of air expired by tuberculous cows fails to reproduce the disease; but when such air contains dried *particles of tuberculous sputa*, the animals (dogs) quickly become diseased.

That experiments show that the *pathological* changes produced in the rabbit by tuberculous matter taken either from human sputa or from the cow are precisely alike, one being indistinguishable from the other.

Dr. Blaine presents the following conclusions as the results of his investigations:

That in the bovine species the disease is *inherited* either from male or female.

That tuberculosis is also *acquired* by the *inhalation* of tuberculous substances—that is, dried sputa.

That tuberculosis is *acquired* by using the *milk* of tuberculous cows when the disease has reached the stage of suppuration or when there is a tuberculous affection of the milk-bag.

That the disease may also be *acquired* by using the *flesh* of tuberculous animals.

During the past year evidences have come to light that, more forcibly than ever, indicate the alarming prevalence of bovine tuberculosis in some of the largest and most noted and most valuable herds in the western part of this (New York) State. In these herds expert examinations have revealed the proportion of infected animals to be from 20 to 90 per cent., the number being so great in several dairies as to require the destruction of the entire herd. The milk from these Jersey cows in a number of these herds was used in making butter, and was considered to be of the best quality, finding a ready market in some of the best hotels in New York City.

That bovine tuberculosis possesses the quality of reproducing a similar diseased condition through the medium of the *milk* supply was most forcibly brought to the public notice by the recent death, at Yonkers, of a grandson of Colonel Beecher. It appears that the lad, about ten years of age, soon after the purchase of two valuable cows, procured for the purpose of providing the best and purest milk, became sick, and finally died, his symptoms showing unmistakable evidence of tubercular meningitis. There being no apparent cause for the decline and death of the patient—no case of consumption having occurred in the family—the attending physicians expressed the opinion that the disease must have been *acquired* through the medium of tainted milk. After the death of the lad the cows were killed, although previously examined by a veterinary surgeon and pronounced healthy. The post-mortem, however, showed tuberculous disease in an advanced stage of development in both cows.

Although it may be claimed that this was a rare and unusual experience, there is no disguising the fact that the *risk of acquiring tuberculosis* was apparently *no greater* than is now being taken in thousands of other instances throughout the entire State, and is one that will doubtless let in a *flood of light* upon the ætiology of numbers of similar cases.

The testimony of many of the ablest physicians has been repeatedly given in support of the assumption that tuberculous infection imparted by *uncooked milk* causes at least *one-fifth of the deaths* of infants and children from intestinal disorders.

Quite recently members of the Agricultural Department subjected specimens of fresh milk, taken at random from the ordinary daily supply as sold in Washington, to expert examination, the result being that guinea pigs inoculated therewith within the prescribed period developed tuberculosis in a prominent form.

A few years ago the stamping out of pleuro-pneumonia cost the government \$1,500,000, all the animals affected therewith being destroyed. The Chief of the Bureau, Dr. Salmon, is quoted as saying, however, that if this method should now be applied, the work of stamping out pleuro-pneumonia would sink into utter insignificance, and that if all the cows affected with tuberculosis were killed, fresh milk would cost as much as champagne.

An editorial in the *Medical News* of June 9th refers to milk as a disease distributor as follows :

"It is now apparent that milk is an active distributor of disease, not so much through the practice of skimming or watering, but through the *specific organisms* derived from the animals or from the surroundings of the dairy. The great importance of these dangers cannot be over-estimated. . . . The employment of new methods of diagnosis, especially the use of tuberculin, has shown that a *large proportion* of dairy cattle is *subject to tuberculosis*, and constantly distributing the disease. . . . These limits (12 or 13 per cent. of solids) still form the principal features upon which many boards of health rely, but it is obvious that as tuberculosis is quite as abundant—if, indeed, it is not more so—in high-grade cattle, mere richness is no guarantee of wholesomeness in milk.

"To establish *complete supervision* will, undoubtedly, involve the appointment of a 'swarm of office-holders,' who may 'harass the people and eat out their substance,' yet such supervision *ought to be secured*."

In order to destroy the life of the germs of tuberculosis in milk, the following table is presented by Dr. J. Forster, of Amsterdam, showing the degree of heat and the length of time by application :

131 degrees for four hours.		
140	"	one hour.
149	"	fifteen minutes.
158	"	ten "
176	"	five "
194	"	two "
203	"	one "

Mr. Nathan Strauss, who has recently, in the interests of pure philanthropy, opened depots in the city of New York, at which he dispenses milk to the poor at less than cost, applies a sterilizing process, when desired, by subjecting such milk to a heat of 177 degrees. This degree of heat, he claims, destroys the germs of disease and does not change the flavor of the milk.

But I must stop. The subject is inexhaustible. I have simply made a beginning. Many other statements equally forcible, and as positively indicating a widely-extended and most potent source of danger, might be added.

The statements, however, herein made will serve to bring the subject more prominently into notice, awaken thoughtful attention, and, it is to be hoped, lead to the inauguration of such action as its importance imperatively demands.

The fact that business interests require that when cow's milk is to be fed to high-grade calves, such milk, in order to secure immunity from tuberculous infection, should always first be thoroughly *sterilized*, it becomes plainly, if not painfully apparent that similar precaution should be taken in behalf of our own lives and those of our children.

THE EYE SYMPTOMS OF CHRONIC NEPHRITIS.

BY E. H. LINNELL, M.D., NORWICH, CONN.

(Read before the Semi-annual Meeting of the Connecticut State Homœopathic Medical Society, October, 1894.)

MRS. R.— sent for me because of failing vision. She was several months pregnant, and for some weeks she had observed a gradual diminution of her sight, until she could no longer see to read. The ophthalmoscope revealed the picture of retinitis albuminurica. A few days afterwards she was seized with uræmic convulsions. A premature delivery saved her life, but her sight was never perfectly restored. Her attending physician had not understood her condition. Had he rightly apprehended the warning of the eye symptoms, the trouble might have been arrested, and her sight perfectly restored. Had he made systematic and frequent examinations of the urine, he would have detected the renal disorder in its incipency, and saved not only the mother's sight, but the life of her child.

Another lady consulted me for failing vision. An ophthalmoscopic examination demonstrated a nephritic retinitis, and urinalysis confirmed the diagnosis. Under treatment her sight was restored, but the nephritis had reached such a stage before it was discovered, that treatment was unavailing, and she died a few months afterwards.

A young lady consulted me a short time ago, saying she had had a few days before, a sudden obscuration of vision, and that her sight had not perfectly recovered. Examination showed slight œdema of

the retina, and a small hæmorrhage near the macula. She did not present the characteristic appearance of retinitis albuminurica, but it is always satisfactory to get at the cause of a pathological condition, and the ophthalmoscopic picture was suggestive of renal disease. An examination of the urine demonstrated the existence of an early stage of interstitial nephritis, and under appropriate treatment the eyes have entirely recovered, and the kidneys are in a much better condition.

Another lady recently presented herself with very imperfect vision in one eye, in consequence of a hæmorrhage at the macula lutea. In her case, also, nephritis was suspected, and found by chemical and microscopical examination of the urine.

I might mention many more instances where I have diagnosed an inflammation of the kidneys in its different varieties, and in all stages, by ophthalmoscopic examination of the patients, but sufficient testimony has been presented to answer my purpose, viz. : to substantiate the fact that there are certain conditions at the fundus of the eye which are almost pathognomonic of disease of the kidneys, and there are others which are highly suggestive of such a condition. I would, therefore, emphasize the following propositions :

Failure of vision, either sudden or gradual, without obvious cause, is suggestive of nephritis, and demands a careful ophthalmoscopic examination. If the attending physician does not possess the requisite skill and experience, the advice of a specialist should be sought without delay. Eye symptoms may be an early or late manifestation of nephritis. In doubtful cases the ophthalmoscope may reveal evidence of renal disease before there is any impairment of vision.

The degree of impairment of vision is no indication of the severity of the existing retinitis or neuro-retinitis. The retinitis may disappear and the sight be recovered when the nephritis is not improved, so that the eye symptoms, while they afford a valuable aid to diagnosis, do not enable us to estimate accurately the severity of the kidney disease, or afford sufficient data upon which to base a prognosis of the ultimate issue of the case.

Chronic nephritis in all forms is a serious malady, coming on gradually and insidiously. When in an advanced stage, it is beyond the curative reach of medical skill, although much may be done to prolong life and mitigate suffering. In its early stages it can frequently be arrested and sometimes radically cured. No aids to diagnosis are to be neglected in these conditions, and no warning eye symptoms should be misunderstood or disregarded. The proportion

of cases of nephritis in which inflammation of the retina occurs as a complication has been variously estimated at from 7 to 30 per cent. It occurs most frequently with the contracted or atrophic kidney. Next in frequency is the nephritis of pregnancy, and last, the post-scarlatinous variety. The only subjective symptom is loss of vision, which is usually gradual, but may be sudden as a result of hæmorrhage. There may or may not be œdema of the lids. The patients do not complain of pain in the eyes. With the ophthalmoscope there is first seen a slight diffuse haziness of the retina, the optic disc is a little swollen, and its outlines ill-defined. The arteries are somewhat contracted, and the veins dilated. Later, exudations of lymph occur, causing irregular white patches, which are often in the more superficial layers of the retina, overlying and obscuring the vessels. Hæmorrhages are very frequent, and vary in size from small spots to large linear, flame-like splashes. These are usually in the deeper layers, and in the vicinity of vessels, but beneath them, so that they are not obscured. The pathological changes are most pronounced in the vicinity of the macula and optic nerve. In a typical case we find a stellate arrangement of yellowish-white, glistening spots around the macula, and a snow-white mound of exudation surrounding the disc. At first these white spots are separate and distinct, but as the disease progresses they coalesce and extend, the outlines of the optic nerve are lost, and the whole region of the optic nerve and retina become transformed into a more or less uniform whitish background, with portions of swollen distended veins and contracted arteries, here and there interspersed with numerous hæmorrhages varying in size and color from a bright red, fresh exudation to a light-brownish patch that is undergoing absorption. The more peripheral parts of the retina suffer also, but to a less degree. The pathological changes are congestion, œdema, exudation of lymph, proliferation of connective tissue, sclerosis and fatty degeneration of the nervous elements, degeneration and rupture of the vascular tunics, and hæmorrhage. The remedies that have been found most useful in this affection are ars., merc. cor., phos., gels., lach., apis, and cro-talus.

DULCAMARA IN CORYZA.—This remedy is indicated in dry or fluent coryza with obstructed nostrils; profuse lachrymation, continuous sneezing, worse during rest and in the open air, with amelioration in a closed room and during movement; this last symptom is also peculiar to colocynthis and hydrastis, but there is no improvement by moving about.—*Rivista Omiopatica*.

UTERINE POLYPI AT THE MENOPAUSE.

BY GERTRUDE GOODING, M.D., BRISTOL, R. I.

(Read before the Rhode Island Homœopathic Society.)

THE records of individual experience is always of value to one's self, and when shared ought to be of interest and value to one's neighbors. In treatment—what one would do if in a hospital with every convenience, and what one is obliged to do in the average home—are two very different things. The chief object is to relieve or cure diseased conditions. The means to this end are various.

Dr. Lawson Tait was probably the first to insist upon the propriety, and sometimes the necessity, of making complete physical examination of patients prostrated by excessive loss of vital fluid, or subject to prolonged and serious oppression of the nervous system at the time of the menopause. The suggestion met with no very eager response from either practitioner or patient. It was (and is) far easier for the family physician, or the specialist, to prescribe rest, change of air, regulation of diet, occupation of mind, etc., until nature establishes the anticipated "change." It is more agreeable to the patient to ask her physician for "a tonic," "something to take the blood from the head," "a nerve sedative," or "a medicine to make up for the loss of strength," consequent upon profuse flowing. Nine patients out of ten prefer to have this extreme drain upon the system kept up, because it is "so much safer not to get through suddenly," and then, too, "the women of our family are usually seven years in changing."

The time is long past when a woman should be allowed to go on, year after year at the menopause, having a recurrence of the menstrual flow every three weeks, or oftener, suffering from the weakness which such a loss of blood must entail, and, worse than all, from the extreme nervous depression or irritability caused (1) by their anæmic condition; (2) by malpositions of the uterus, and (3) by the presence of foreign growths. These patients ought to be the subjects of the profoundest sympathy, from both physician and family connections. We all know with what different feelings they are usually regarded. It seems to me, that there is a grand opportunity for us to emphasize the benefit that may accrue to a patient at this critical period from the simple physical investigation

which shall decide the question whether or no we can *do* something to shorten our patient's sufferings, and to restore her to her former field of activity. Too often, it is said, "Let her alone; nature will bring her out all right!" We all know, that many times nature is anything but a kind mother. The cruellest sort of a fairy-story step-mother is more tender to us poor mortals than is, oftentimes, that same "good old mother nature." No one knows why this is so. It is one of the hard facts of life. And, if it were not a fact, our occupation as physicians would be gone.

The variety of polypus that has, in my experience, been found most frequently to complicate the menopause is the fibrous. This fact, I think, may be accounted for easily. In women of considerable activity, the vascular polypus would not be likely to attain any great size without being ruptured, thus leading to discovery and removal. While, in any case, the lessened activity of the uterus and its appendages would cause a diminution of the blood supply, and, eventually, a drying up of the little vascular bladder projected into or through the cervix uteri.

Out of 3856 recorded observations in my case-books, I have noted 180 uterine polypi. Of these, 148 were vascular, 1 sarcomatous, and 31 fibrous, in structure. Of the 31 hard polypi, 21 occurred in patients at or after the menopause; 16 were in women of sixty-five years or upward.

Within the past three years, five elderly ladies have applied to me for help for "falling of the womb," combined with a frequent discharge of blood and mucus, which, according to its amount, was weakening or merely annoying. In every case, the prolapsed body was a foreign growth. Before the cessation of the menses, the symptoms attending such a condition are too familiar to us to require mentioning. But, after that function has ceased, and it might be supposed that the patient would be allowed immunity from troubles of that sort, the presence of such a growth may give rise to peculiar symptoms of no little importance, which, often are not recognized. By its weight, the tumor drags down the uterus, causing all the pain and weakness, the irritation of bladder and urethra, as well as the pressure upon, and obstruction of, the rectum that follow extreme procidentia. According to its attachment to anterior, posterior, or lateral wall of the uterus, it occasions displacements, forward, backward, or sidewise, with their long train of evils. Chief among these latter, are the affections of the nervous system. I believe a growth of that sort, undiscovered or neglected, has made many a cross,

fretty old woman long for death. But, instead of shortening life, it actually prolongs it in some cases. The partial disability it occasions keeps the poor woman from active work, and so her strength is saved. She has very little exercise, but her stomach and other digestive organs usually are in good order. So she grows heavy as age advances, and her irritability and disagreeableness increase in equal ratio until she is just a burden to herself and to every one else.

Tumors within the body of the uterus, whether sub-serous, sub-mucous, or interstitial, usually, as all agree, diminish in size after the menopause. I can find nothing in gynæcological literature bearing upon the subject, but in my experience the size of the projecting or polypoidal fibrous tumor increases, by degrees, after the change of life. Prof. J. C. Wood, in his recently published work on gynæcology, says that probably all fibrous polypi were formerly sub-mucous tumors within the body of the uterus, and were gradually extruded by compression and contraction of the uterine walls. Now, the nourishment of the interstitial variety, or of those of the sub-mucous that have broad intrauterine attachments, must be interfered with and consequently their growth is checked by the contracting uterine walls, as well as by the decreased blood supply. But such submucous tumors as have but a narrow attachment, become pedunculated under the compression from muscular contraction, and are gradually expelled into the vagina, where, freed from compression, they increase in size from but a slight aggregation of plastic material through the pedicle. In the sixteen cases of old ladies whom I have found with this complication, every one of them who was aware of the existence of the tumor said that the "bunch" had steadily grown since she ceased menstruating.

Of the treatment of these foreign growths there is but little to say. They are strangers in the corpus uteri, uninvited guests; they may become malignant enemies. Their object is to plunder and steal one's strength, to drain one's physical resources to the utmost, to cause all the baleful results they can. Out with them. There is nothing to do but to "cut them off," and that as early as possible. In the matter of removal I have never had any trouble. As we all know, the methods of dealing with such things vary with circumstances. In this particular trouble, the age, present condition and general dyscrasia of the patient must be taken into consideration, as well as the nature, size, location and kind of attachment of the tumor. In my cases I have used ligatures, curette, *écraseur*, cautery, and scalpel, as seemed best to fulfil the requirements of the

individual case. Three cases of women, well past the menopause, who have exhibited different symptoms with uterine polypi, are in my mind, and, by your kind indulgence, I will relate them somewhat in detail.

CASE I.—Æt. 52, stopped menstruating three years ago; no trouble whatever at the time, general health good. For a year past she has had frequent bloody discharges from the vagina, always after defecating, usually also after urinating. There is a constant weak feeling and a sensation of weight in the vagina, with the partial extrusion of a fleshy body from the vagina when she is in a standing posture. In this case the dread of some encroaching disease is the worst feature, as there is little or no pain, and no great loss of blood, although the discharges increase in amount and in frequency.

Examination revealed the presence of a small hard tumor depending from the internal os uteri. Its pedicle was about as large as her little finger and was perhaps one and a half inches long. The growth itself was three inches in length and nearly two inches wide, completely filling the passage. Without much difficulty a double ligature of silk was carried up and over the tumor and securely tied. For two days the patient went about her daily duties without any change in the tumor except a change in color. On the morning of the third day as she walked about the room, dressing for church, she partly stepped upon something that had fallen upon the floor. Stooping to pick it up she was astonished to find a good sized fleshy body with dangling silk cords attached. She folded it away in a towel and went to church, sitting serenely through a long morning service. No more trouble.

CASE II.—An older patient than the last named, a woman of 67 years; eighteen years past the menopause; had entirely different symptoms from a similar cause. She suffered from the "most intense and wearing nervousness;" fearful dreams in her rare hours of sleep; emaciation from insufficient nourishment as well as from her constant restlessness; and reflex spasmodic pains in abdomen, breasts and sometimes throat. She was so nervous she could not control hands, eyes, or voice, when speaking to me. She said it was useless for her family to spend money in trying to find out what was the matter with her, for nothing could be done for her, whatever it was. She fully believed that she was "in the power of a demon" who would torment her until she died. The pains she had were but so many lashings from his whip, or stabs from his goad. For the greater part of the time she was quiet, but after a particularly wakeful night or painful day, these fancies took possession of her and while under their influence, I believe she would not have been responsible for her acts. It required great patience and tact and persistence to acquire any control over her mind. Finally, she was persuaded that relief was possible if I could know the whole story. She then stated that there was "some disease" in her "which was

trying all the time to make her young again ; for there were, daily, streaks of blood upon her underclothing, and that she was consumed by sexual desire." In very short order I made a thorough local examination and discovered a submucous fibroma depending as a polypus from the cervical canal. Its attachment was just below the internal os uteri, and on the pedicle as it issued from the cervical wall was a small caruncle, not larger than a medium sized pea, which was directed upward and kept the inner os all the time a little on the stretch. Its presence just at that point, acting as a ball-valve, was what had kept up, probably, the slow trickling of blood, and also, by compression of the circular uterine nerve, had given rise to the unbearable local nervous symptoms.

I ligated the polypus above the caruncle with double catgut ligatures, and cut between them with curved scissors. This was done fearing another opportunity for operating would not be permitted. Very triumphantly I showed the poor old lady her "demon" lying peacefully in the palm of my hand ! It weighed less than two ounces, but its removal was followed by the cessation of all troublesome symptoms. In an incredibly short time she regained her strength, cheerfulness and composure, and now seems to be enjoying life with the best of us.

CASE III.—Older than either of the patients mentioned, this third one was the most sick, the most exhausted. She was 73 years old and weighed 220 pounds. She "changed" at 50 years of age, but "had never been right since." There had been irregular flowing for ten years past, increasing weight, tenderness and distress in the vagina and about the abdomen. For years she had worn an abdominal supporter, but it relieved very little—only made her "clothes fit better." She could not walk half a square, had great difficulty in getting up stairs, and was always conscious of a "great heat and crowding in the front passage." She had, within the past eight years, consulted three physicians, who told her she had "falling of the womb," and, on account of her great weight, would probably never get over it. One gave her small doses of "water medicine," she said ; the second told her she must wear a cup-and-stem pessary, while the third did her "the most good of all." He told her to go home and be as quiet as possible, and to keep herself clean by using hot water and borax injections. Recently she had learned that the "bloody discharges of old women always meant cancer," so she had started again to try to obtain relief.

Fortunately, I could make the first examination of this patient in my office chair, for otherwise I do not think it would have been possible to return into the vagina the large mass protruding from its outlet. By relieving the abdomen of all pressure from clothing, and elevating the foot of the chair, and using an abundance of vaseline, this was finally accomplished. I do not wonder that a person not exceedingly careful had supposed the mass to be a prolapsed uterus ; for at the most dependent portion was a deep sulcus, filled with a bloody mucus, that might have been mistaken for the os

tinæ. Neither before nor after its return into the vagina could the point of attachment of the tumor be found. The labial and vaginal walls were excoriated and raw as well as being distended with fat, so that there was no admittance for the hand into the vagina. I inserted a tampon bearing one-half drachm of fluid extract of hydrastis, prescribed a douche of two quarts of hot water containing 60 grains of pulverized hydrastis twice daily, and Otis Clapp's glyceboron with hydrastis suppository each night on retiring. She was to keep up this treatment for one month, and then come to me again. In four weeks she wrote that her womb "had not come down once" since being replaced; that she was quite well and strong. On examination later, the size of the tumor was less than one-half what it had been on the former visit. All inflammation and irritation of the mucous surfaces had disappeared; the slight bloody discharge had continued, but was not slimy; the pedicle could be readily felt as an inch-wide band of fibres attached somewhere above the internal os. Without much trouble the pedicle was ligated with strong silk, in three sections, and the six cords, securely tied, left hanging in the vagina. The patient was very deaf, and when she was ready to go home, was told with difficulty what she was to expect. I told her that she had a little tumor that would come out of itself in two or three days, and that she must then lie perfectly still in bed and take hot-water douches with fluid extract of hamamelis, to prevent hæmorrhage. In two days the tumor sloughed off. It weighed 18 ounces and looked as if dried and shrunken. The patient recovered, and is now better than she has been in twenty-five years.

CASE IV.—A fibrous polypus not occurring at or near the menopause. It was a bad case in a young unmarried woman of 22 years. After untold suffering in head and back and throughout the whole nervous system, having had contractive pains of the uterus for nearly one and a half years, and having menstruated continuously for sixteen weeks, she applied for surgical relief, when the cervix uteri was found so dilated and shortened as to be almost obliterated with a hard, perfectly round, purplish body as large as a small orange protruding into the vagina, producing pains very like those of the first stage of labor, prolonged through months. By means of a flexible catheter, introduced at the side of the tumor, it was ascertained that the larger mass of the tumor was still in the uterus; that it nearly filled its cavity; was slightly flattened on one side, and was connected with the left lateral concavity of the uterine body by a pedicle about three-quarters of an inch thick. At the time of removal of the tumor, there were reasons why the patient flatly refused to be put under the influence of an anæsthetic. She said that the operation could cause no more suffering than what she had previously endured, and that with the hope of permanent relief she could bear anything. Considering her slow torture of the previous year, I could not help agreeing with her. The wire *éraseur* was noosed around the tumor until it caught the pedicle which then was severed. Without removing the wire, I pushed it up again to the fundus,

tightened it around the enclosed mass in what appeared to be the middle point, and then let the wire cut straight through, exactly as one cuts a bar of soap with a hemp-cord. Considering the pain of any further dilatation of the cervix, the separated halves of the tumor were delivered with placenta forceps, the second half being securely held by hooked forceps and pushed up while the first segment was quickly drawn outward. The second half was delivered immediately after. The uterine cavity was carefully washed out with two gallons of water that had been boiled one hour. The last pint of hot water contained one drachm of fl. ext. hamamelis, which was the only medicinal substance used locally. *Arnica* was given internally in the second dilution, with several doses of *aconite* in the evening. One portion of the tumor weighed seven and a half ounces, the other six and a half ounces, or fourteen ounces altogether. After two days of rest, the patient went back to her work as a public school teacher.

Fifteen months afterwards she came to me with the story of four weeks' continuous menstruation, and pains of a grinding nature, which prevented her sleeping. A few days later I removed a fibrous polypus weighing one and a quarter ounces. Two years after that, two smaller growths were removed from the same patient. The last three were abstracted in the same manner. Piercing their substance with a strong Sims cervix-needle, armed with a double cable of twisted ligature silk, I detached the pedicle with a sharp curette, drew one strand of the silk from the eye of the needle after it had passed through a portion of the tumor, and then delivered by drawing upon both ends of the silk.

Several years have now elapsed, and the patient has given no evidence of a return of the trouble. But for quite irregular menstruation and a periodical inability to sleep, she seems to be in perfect health.

EYE MISTAKES.

BY E. M. HOWARD, M.D., CAMDEN, N. J.

(Read before the New Jersey State Homœopathic Medical Society).

CONVERSATION with other physicians convinces me that there is more real misunderstanding regarding the import of eye symptoms than concerning those of any other portion of the human body. Why this is so I can hardly apprehend unless it comes from the fact that so many eye troubles are purely mechanical and so are outside the sphere of ordinary medical thought and study. To many the eye does not seem also to be a mystery into whose sacred precincts they fear to enter, and the mechanical and optical principles which,

to the oculist, seem so plain and easy, are entirely overlooked or but dimly grasped by the general practitioner. This fact will be illustrated by the following common mistakes that are made regarding eye troubles.

One very common mistake is that of belittling the importance of ophthalmia neonatorum. Many are the children who have either been entirely blinded or have had their eyesight impaired for life by reason of carelessness or neglect. It is important that proper measures be taken to prevent its occurrence, for it is to a large measure a preventable disease. The physician should always know by inspection the exact state of the cornea in these cases so that proper measures may be taken to prevent any impairment of its transparency. Unless a physician feels that he has the knowledge and is competent to treat such cases he should call to his aid one who does know how.

Regarding the selection of glasses the gravest mistakes are made. I frequently meet physicians of good general ability and large practice who not only encourage their patients but they themselves set the example of selecting such glasses as they seem to see best in, from any vendor that happens along, or into whose shop they chance to stray. In this respect they treat the eye with less consideration than they do their backs since every one knows that to secure a comfortable and well-fitting coat it is necessary that first there shall be definite measures made with the eye. They will put on glasses thus without any definite measurements whatsoever.

Now the simple truth is that proper measurements of the eye cannot be made by simple tests of the sight. The eye is an optical instrument set for seeing things far away, but provided with a focusing apparatus (the accommodation) by which it automatically can adjust itself to near objects. This power is a muscular one and is entirely involuntary. The eye always adjusts itself for the best seeing of any object at its distance.

It is just this fact that vitiates all attempts to measure its defects. It is like trying to measure the length of a rubber band that is constantly stretching and contracting. Hence it is that it is simply impossible to measure the refractive errors of the eye by any of the ordinary tests at the disposal of the opticians and spectacle vendors. Every eye that needs a glass at all needs first of all to have its optical status accurately measured by an oculist who alone is able to determine what methods and means and drugs (mydriatics) are necessary and safe.

I suppose one reason why this truth is not really believed is be-

cause when the oculist utters it, it looks as though it was a scheme on his part to increase his business. This again is an error, for if every person were thus examined for glasses upon the first evidence of eye-strain a great mass of eye troubles would be prevented and the oculist's business would be immensely lessened. I will only mention in illustration that in this way those banes and spectres of advancing age, senile cataract and glaucoma, would become almost unknown since they are most probably always more or less directly the result of eye-strain.

Another phase of eye mistakes is illustrated by the remark of a very able practitioner. He was speaking of a school wherein through the vigilance of its teachers, a large proportion of the scholars were wearing glasses. His remark I cannot repeat, but it was made with a covert sneer, and the caustic hint that probably many of the children did not need them at all. Now I don't believe there are any oculists who are prescribing glasses when not needed. I have never found such a person nor such a patient so treated. The truth is that the error is all the other way and that many eye defects of low degree are not corrected as they should be. The oculists have erred on the side of too few rather than too many spectacles. It seems difficult for the laity and even the practitioner of medicine to realize the enormous strain that modern civilization is placing upon the eye. It follows as certainly as does the day the night, that there must be an increasing amount of attention paid to the preservation of the sight, and congenitally defective eyes can and must be corrected by glasses to a much larger extent. But please remember all such work must be done upon a basis of accurate measurements. All other attempted corrections are worse than useless, and it is the duty of physicians to so warn and instruct their patients.

Grave mistakes are commonly made regarding the fitting of the frames for glasses. All frames ought to be so accurately centred and adjusted that the line of vision should be through the optical centre of the lens, excepting, of course, those few cases in which the oculist purposely decentres in order to obtain prismatic effects. In other words, the centre of the pupil of the eye should be behind the centre of the lens. All cylindrical glasses must also be held at definite angles, and any deviation therefrom is disastrous. Unfortunately, well-fitting frames are the exception and not the rule, with the result that the best-selected glasses fail to relieve, and may, indeed, increase eye-strain. To this may be added the deplorable fact that the cosmetic effects of ill-fitting frames are such as to en-

hance the natural aversion to the wearing of spectacles. Observation of the frequent manifest disfigurement of the features of such persons deters many ladies especially from thus wearing these much-needed helps. As a matter of fact, I think *well-fitting* glasses really add to rather than detract from, the beauty of the features.

Quite a frequent mistake is made by practitioners regarding the import and cause of the various inflammations of the margins of the lids, such as blepharitis and herdeolum or styes, etc. Physicians go on prescribing for recurring attacks of these troubles, forgetful of the fact that their development is, in the great majority of cases, due to eye-strain, and that it is glasses, and not medicines, that are needed.

Grave mistakes are very commonly made in the treatment of phlyctenular conjunctivitis. The first thing to be done is to remember that dietetic errors are always present, and that no good results will be obtained without a strict and carefully-regulated diet taken at regular intervals. It must not be forgotten, also, that in addition to well-selected constitutional remedies, atropine instillations will be required when photophobia is excessive.

It is easy to make serious mistakes in the diagnosis as well as the treatment of iritis and glaucoma.

Let me enumerate the classical symptoms which ought to lead to a certain diagnosis of iritis: Ciliary neuralgia, ciliary and subconjunctival injections, showing fine, deep vessels radiating outward from cornea in straight lines, a discolored and sluggish iris—these point unmistakably to the trouble. And now comes the greatest and very common mistake of general practitioners in its treatment. Atropine is either neglected or given hesitatingly and in too weak solutions. It must be used early in sufficient strength to produce complete dilatation, or the eye will be more or less permanently ruined by adhesions of the iris to the lens. The only exception to this rule is the evidence of a beginning glaucoma, when atropine must be used cautiously, if at all. The differential diagnosis of iritis from glaucoma is not always so easily made.

The following are the chief diagnostic points of glaucoma in the order they will be likely to be observed: We will first notice that the pupil of the affected eye is dilated larger than the other eye, and that it is fixed, inactive, will not respond to light. The patient will complain of seeing a halo of rainbow colors, the outer ring being red and the inner bluish. It will be found that the cornea is lacking in sensibility, and this will lead to a test as to the tension of the

eyeball, which will be found increased. An examination of the fundus will then be made for the characteristic cupping of the disc. To these symptoms may be added enlarged ciliary veins. A shallow anterior chamber, which can be easily made out by a side view of the front of the eyeball, and impairment of the right pons, are usually present, and are sometimes the most marked symptoms, leading to the erroneous diagnosis and treatment for a simple neuralgia. But pons is not always a prominent symptom, as is commonly supposed, at least in the earlier stages, when a diagnosis is most valuable.

It is a grave mistake to overlook and neglect these cases, and no physician should attempt to treat them without a thorough knowledge of the benefits and limits of an iridectomy, which alone, in many cases, can save the sight.

PREGNANCY, WITH AN UNRUPTURED HYMEN AND VAGINISMUS.

BY R. G. HIGGINS, M.D., PRINCETON, IND.

A CASE has recently come under my observation which should be reported on account of its rarity. P. F. Mundé, in his large and varied experience, has only one case to report of pregnancy with an unruptured hymen and vaginismus combined. I was first consulted by Mrs. S. one month after her marriage; she was then suffering with dysuria, for which I prescribed *cantharis* 3x and a boracic acid wash for the bladder, which shortly gave her relief. No mention was then made of vaginismus.

Six months later I was engaged to attend her in confinement, and nothing was then said of the trouble, and when, on December 20th, I was called to attend her in labor, I had no idea of finding the condition. On my arrival I questioned the patient, and proceeded to make an examination to ascertain whether she was in labor—she was not expecting to be confined for a month yet—and, to my surprise, as soon as my finger had separated the labia the patient sprang to the head of the bed to get away from the examining finger. I tried repeatedly to make an examination, with no success; all that I could make out was a very small vaginal orifice, not large enough to admit of the index-finger. I finally succeeded in making an examination per rectum. The examinations being so painful, I made

them as infrequent as possible. Finally she was delivered of an eight-pound girl, from which she suffered an incomplete laceration. The placenta being adherent, it was removed in the usual way, and the perineal wound repaired. After delivery, she told me the examinations were worse than all the pains of labor. Before consulting me for the dysuria, and less than a month after her marriage, a physician had told her she was pregnant, but his grounds for a diagnosis were *nil*. The patient had none of the symptoms of pregnancy before quickening, except suppression of the menses. Neither she or her husband believed it, because they never had had successful intercourse. The mother and child did well.

THE DIAGNOSIS AND TREATMENT OF TYPHOID FEVER.

BY CHARLES MOHR, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society of the State of Pennsylvania).

THE objects of this short paper are to call the attention of my professional brethren to possible errors in diagnosis, and the necessity of certain details of treatment often neglected.

Typhoid fever may be mistaken for cerebro-spinal meningitis, brain fever, thermal fever, bronchitis, pneumonia, malaria, acute nephritis, etc. The diagnosis is not always easy, and, indeed, may not be beyond peradventure of doubt until near the termination of the case. In any case where one of the above-mentioned diseases is suspected but pursues an unusual course, and where there is a prolonged or continuous fever, the diagnosis may be held in reserve, but treatment can be most safely pursued on the supposition that it is enteric fever.

In hospital and consultation practice I have seen cases of typhoid fever of unusual types which have been mistaken for other affections, and to some of these I desire to direct your attention.

I have frequently found children treated for brain fever or cerebro-spinal meningitis who had typhoid fever. The mistake is made, because, in children, an attack of typhoid is ushered in with severe headache, photophobia, delirium, twitching of the muscles and retraction of the head. Cerebro-spinal manifestations dominate; abdominal symptoms are slight. In children, epistaxis, roseola, intes-

tinal perforations and hæmorrhage are rare; the rise of temperature is often precipitate and much less characteristic than in adults. This summer I saw a case in which the temperature curve was reversed—the lowest temperature in the evenings, the highest in the mornings. The so-called remittent fever of infancy *may* be a typhoid. Without an examination of the blood a diagnosis is sometimes impossible, especially in malarious districts. A patient has malaise, weakness, diarrhoea, vomiting, furred tongue, flushed cheeks, temperature 102° or 103° F., and delirium. This is likely a typhoid if the blood does not contain Laveran's organisms; if it does, it is a malarial remittent.

In the hot weather of summer, mistakes are made. Typhoid fever sometimes resembles thermal fever. This summer a man was admitted to the Hahnemann hospital and treated as if it were a case of heat fever. Cold baths, ice to the head and spine to reduce the high temperature were resorted to, but no permanent effects were produced. A lingering illness from typhoid fever ensued. Another case was admitted as sunstroke, and treated *secundem artem*. The man was unconscious and had a high temperature. After regaining consciousness he was excessively restless, had severe headache, and complained much of nausea and retching. These symptoms and a lessening fever continued for a week, when he desired to be discharged from the hospital. I advised him to remain, but he persisted, signed a release of responsibility and went home. Three days later he returned to the hospital with a high fever, a marked roseolous rash on the abdomen, and that night was violently delirious. He went through a typical typhoid fever attack from that time. I believed he had typhoid fever when first admitted.

Another form of typhoid fever is the bronchitic or pneumonic. The onset is as if the case were a severe bronchitis or a lobar pneumonia. At the present time I have a case of typhoid fever in the hospital, with characteristic temperature, tongue and rash. It was entered as a severe case of bronchitis, the marked phenomena at the time being cough, distressing dyspnoea, and the physical signs of inflammation of the bronchia. In consultation with Dr. Mattson of Moorestown, N. J., I saw, several weeks since, a severe case of enteric fever, which began with a lobar pneumonia. As the lung inflammation subsided, the characteristic abdominal symptoms developed, along with typical temperature, delirium, tympanites, etc.

I have also seen a typhoid fever case begin with excessive nausea, vomiting and purging, the discharges being choleraic, and the symp-

toms somewhat resembling poisoning by some irritant, like arsenic or elaterium. Cases beginning thus may be taken for cholera-morbus.

Another unusual form of typhoid fever is the nephritic, of which I have seen one case, in which smoky urine and blood-casts were a pronounced feature, leading to the supposition—until the characteristics of typhoid fever developed—that it was an acute congestion of the kidneys.

Now, as to treatment. A specific for typhoid fever, to be used in every case, does not exist. Each case must be studied, and its peculiarities, if there be any, ascertained, and remedies prescribed accordingly. My own rule is, if I have a case I know to be typhoid fever, and yet cannot decide—because of the absence of any peculiar characteristic, or leading symptoms for some well-proven drug—what medicine to give, I give none. To satisfy patient and family, I prescribe placebo, but I am particularly careful to institute reasonable hygienic and dietetic management. In many cases of the usual form of typhoid fever, symptoms resembling drug pathogeneses will be found, and this is especially true of the unusual forms, wherefore there will be indications enough for suitable homœopathic medicines, and they should be given carefully, and *saccharum lactis* be substituted just so soon as the symptoms indicating any particular drug have markedly abated or disappeared. I do not frequently change medicines; many of my cases get well on one medicine. I have no place for antipyretics, such as antipyrine, etc.; and use stimulants only when indicated, and I exercise as much care in the selection of a wine, or whiskey, or brandy, as I do in the selection of a drug. It does no hurt to a typhoid fever patient to go a day, or a week, without medicine or stimulants, if none are indicated, but he wants to be properly cared for by an efficient nurse. Food must also be selected with discrimination. Milk alone will suit many cases, but to some it does a positive injury. I have frequently found the juice of fruits, the pulp of peaches, and vegetables, such as ripe tomatoes, very grateful and beneficial, even at the height of the disease. Fever patients must be fed; they are, most frequently, starved through fear of doing harm. All, of course, realize the necessity of keeping the body and bedding of a fever patient as clean and pure as possible, but the mouth is often neglected. To make the food and water ingested as palatable as possible, the toilet of the mouth must be as systematically attended to as is the administration of food. In other words, the mouth must be cleansed thoroughly just before the administration of every meal, to insure its being relished, and

its digestion properly begun. Great dryness and cracking of the lips often render the taking of food so painful that it is refused. I overcome this difficulty by bathing the lips every three or four hours with sweet cream.

If time permitted, details of treatment might be further extended. I have shown, however, the necessity of looking after everything that will provide comfort, and a restoration to complete health, which can be best accomplished by a due consideration of such matters as I have indicated, and many others of like nature.

AN UNUSUAL CASE OF DIFFUSE ŒDEMA SIMULATING SCLERODERMA.

BY J. ALLEN HARRISON, M.D., PHILADELPHIA, PA.

DURING the month of October, while attending a lady in confinement, I was asked by her to examine her mother, Mrs. F., a stout woman, æt. about 50.

On examination, I found an erythema of the skin, covering the posterior part of the neck and shoulders; the skin was thickened and so firm and rigid that an impression with the finger was almost impossible and only with great difficulty could the skin be lifted from the underlying tissues.

The case was diagnosed as one of scleroderma and treated accordingly, but the case gradually grew worse, despite our efforts, extending anteriorly, affecting the chest, causing the breasts to become unusually firm and hard for a woman of her years; the erythema was not marked, except posteriorly, very little being noticeable on the anterior portion of the chest. The breathing was interfered with to a marked extent. Abdominal walls and upper part of both arms were also affected. The face was not affected to any marked degree.

Dr. E. M. Gramm saw the case with me on November 22d, and while agreeing with me in regard to the case being one of exceeding interest and variety, diagnosed it a diffuse œdema of the skin.

Urinalysis was negative. For the treatment we now induced free diuresis and prescribed *apis* internally.

The result was very good; at this writing only a spot about the size of a dollar remaining at original site. The case seemed to me to be of sufficient interest to warrant mention.

FAT EMBOLISM AS A POST-OPERATIVE COMPLICATION OF DIABETIC GANGRENE.

BY WILLIAM A. HAMAN, M D., READING, PA.

IN the December number of the *Am. Jr. of Med. Sciences*, p. 702, is contained an excerpt from a German weekly medical journal, in which the writer insists that in the necrosis of diabetics particular attention should be given to two things, viz.: absolute local antiseptics and preliminary anti-diabetic diet. The following sentence, "in all cases the attention should be called to the probability of diabetic coma following narcosis," called to my mind a case of spreading diabetic gangrene of the foot treated by amputation through the thigh and followed by symptoms the syndrome of which was thought to substantiate the diagnosis of fat embolism of the capillaries of the pulmonary artery.

The case briefly related is as follows: Mrs. Sarah Y., a stout woman of 52 years, was admitted to the surgical department of the Reading Homœopathic Hospital during the service of my colleague, the late Dr. E. Z. Schmucker, on September 24, 1893. She had had gangrene of several toes of the right foot for some time and as it did not spread it was treated expectantly. Shortly before admission it began to spread until it involved the major part of the foot and the lower part of the leg. On examination her urine was found to contain large quantities of both sugar and albumin.

As death appeared to be inevitable if nothing radical was done, and well recognizing the seriousness of operative measures in diabetics, the limb after careful consultation was amputated on September 30th, at the junction of the lower with the middle third of the thigh. This point was selected owing to the probability of atheromatous changes in the intima or sclerosis of the arteries, and, in consequence, the diminished blood stream in such small arteries as the tibials would result in poorly nourished flaps in a leg amputation.

The operation was very much prolonged owing to difficulties in effecting hæmostasis. The wound was drained and dressed antiseptically. No evidence of shock was noticed at any time, the temperature and pulse rate being normal from the completion of the operation until thirty-six hours after. At this time her respirations were found to be increasing in frequency. Forty hours after the amputa-

tion her respirations were 34, pulse 92 and temperature 95.5° F. The wound was dressed but beyond a slight dusky line of the inner edge of the flaps nothing abnormal could be seen. Physical exploration of the lungs and heart revealed nothing to account for the dyspnoea. This was the most marked symptom and was peculiar in that instead of being panting it was marked by *deeply* drawn inspirations, the woman making a determined effort to relieve her air hunger. There was neither delirium nor a soporous tendency, nothing in addition to the dyspnoea and subnormal temperature. The nurses were instructed to obtain the urine, but owing to a misunderstanding, after being measured, it was thrown away, thus depriving us of one of the means of substantiating our diagnosis of fat embolism in which free oil globules float on the surface of the urine. The rapid breathing and subnormal temperature continued until the end. A few hours before she died she was delirious and very restless and made repeated attempts to leave her bed. Death occurred sixty hours after the operation without the patient having been comatose. Unfortunately an autopsy could not be obtained in spite of our importunities.

This lady was quite stout, and, as before stated, we had difficulty in controlling the hæmorrhage; this difficulty was chiefly in connection with the venous system, many venules requiring ligation; the femoral vein was ligated in two places. This, of course, necessitated considerable disturbance of adipose tissue, the oily globules of which were very much in evidence. Unfortunately, we were not able to prove our diagnosis, yet the symptomatic manifestations are those of typical fat embolism of the pulmonary artery. Lipæmia we know to be not infrequent in diabetes mellitus.

Operations on diabetics are notoriously prone to do unfavorably, yet recent authorities advise amputations in these subjects, as the antiseptic technique is much more likely to prevent sloughing or extension. Yet it is evident that other dangers than sloughing menace diabetics who submit to operations, viz., diabetic coma and fat embolism.

I have within the past three years seen three cases of diabetic gangrene of the lower extremities, one of which has been related. The second occurred in a lady of 65 years, whose urine contained both albumin and glucose. She suffered severely from neuritis, affecting the right foot and leg. For this some officious friend advised wet cupping. This was done by an old woman, the result being a prompt attack of phlegmonous erysipelas. This was followed

by gangrene of the great toe and gangrenous sloughs of several other toes and extensive sloughing of the sole, during which I removed the whole superficial and deep plantar fascia. It was treated expectantly, her greatest suffering being from the neuritis. She died shortly after the cavities of the foot assumed a more natural appearance.

The third case occurred in the practice of one of my young friends. A man of 63 years, whose urine also contained both sugar and albumin. In appearance this was an exact counterpart of the preceding case. At the height of the destructive sloughing severe and uncontrollable diarrhœa set in, for which, as a last resort, the oxide of zinc in material doses was given. The diarrhœa ceased at once and the sloughing process came to such an abrupt end with the commencement of the reparative process that, although slow, was uninterrupted, that we were constrained to regard the relation that of cause and effect.

TREATMENT OF PLEURITIC EFFUSIONS.

BY WM. W. VAN BAUN, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society, State of Pennsylvania, September, 1894.)

THE therapeutical treatment of the various types of pleuritic effusions, acute or chronic, sero-fibrinous, purulent (empyæma), hæmorrhagic, etc., is frequently not remedial.

While a pleurisy with pronounced effusion may suddenly follow a chill or wetting, cold, in modern ætiology, is not looked upon as a cause, excepting, possibly, a predisposing factor assisting the action of various micro-organisms. The tubercular origin of the majority of pleurisies is being more clearly demonstrated each year, whether in acute cases in apparently healthy persons, in those of more insidious onset occurring in individuals of frail constitution and habit, or in that type of cases supervening suddenly, as the secondary condition in the course of such chronic affections as cirrhosis of the liver, cancer, and Bright's disease. Seventy per cent. of the cases of pleuritic effusion are curable.

Bearing in mind the origin of the majority of cases of marked effusion, a review of our homœopathic remedial measures claims our first attention. We are all familiar with the profound action of

bryonia on serous membranes, it being capable of producing an inflammation with exudation. The tendency seems to be to gauge it as a most valuable remedy to allay pain and prevent effusion. It has a sphere beyond this, however, and its indications should be sought for after exudation has taken place. Fever may or may not be present. The patient is quiet but full of pain, and rests on the affected side. This is nature's feeble method of chest fixation and calls for a properly adjusted bandage or strips of adhesive plaster.

Bryonia will cure a certain percentage of cases with sero-fibrinous effusion, and if given in the early stages of the inflammatory process it is also prophylactic of empyæma.

If *bryonia* does not control the increase of effusion in a reasonably short time, recourse must be had to sulphur in some cases and *apis* in others. *Sulphur* is of undoubted value in cases of tubercular origin with well-marked effusion. This agent does not operate directly upon the effused fluid, but indirectly working wonderful changes in organic and functional life, it produces in some cases marvellous results.

Apis, next to sulphur, is our best remedy for the absorption of a sero-fibrinous exudate; and *arsenic*, in cases of painful asthmatic respiration, with general dropsical swelling, fever, restlessness, etc., is not to be overlooked in conditions of serum in the pleura.

Remedies more rarely called for will be *cantharides* and *mercurius biniodide* in the later stages to promote absorption. It is claimed that *carbo. veg.* and *squills* are helpful in the condition of effusion. Such has not been my experience.

The use of external adjuvants I consider to be of little value. Counter-irritation in the later stages may be of service, but I have not been able to convince myself that such is the case. Some authorities place considerable reliance on the method of depletion, *i.e.*, robbing the blood of its serum or keeping it concentrated, the theory being that in such a condition the liquid is absorbed from the lymph spaces, the pleura being such. The method is to restrict as much as possible the daily amount of liquid nourishment. If there is no fever, a meat diet is prescribed, with an egg and stale bread, to which list is added 8 or 10 ounces of milk or water. To rapidly do away with the blood serum, every morning, or second morning, according to the strength and vitality of the patient, an ounce to an ounce and a half of magnesium sulphate (epsom salts) dissolved in as little water as possible, is administered before breakfast. This will produce copious liquid discharges, oftentimes a gallon or more. Large

pleuritic effusions have disappeared under this line of mechanical treatment. Mercurial purgation, calomel, in large or small doses, is not satisfactory. Neither is the much-lauded action of diaphoretics and diuretics to be depended upon.

In cases of effusion refusing to yield to any of the above treatments, the question of paracentesis must arise. It is called for immediately if one side of the chest is filled up to the clavicle. Aspiration will relieve the strongly abnormal condition of the lungs, and will save the possibility of death from sudden attack of dyspnoea and heart failure; reduce to a minimum the subsequent development of phthisis, and relieve the system of exhausting attempts at absorption. The operation is simple, safe and but slightly painful. The usual point of selection for puncture is at the upper margin of the rib at the outer angle of the scapula in the eighth interspace, or the mid-axillary line in the seventh interspace, the patient resting the hand on the opposite shoulder so as to widen the interspace. The only caution necessary during the operation is to desist in case the patient complains of dizziness or faintness.

Cases of moderate effusion resisting medication and persisting for weeks also demand relief by this method. The caution of many authors of non-interference in febrile cases I consider, on the whole, to be unnecessary and unworthy of credence. Fever should not be a counter-indication if other conditions are urgent. Cases are on record of defervescence following aspiration of serous exudates. The fluid should be withdrawn slowly, the amount taken away depending on the size of the exudate and the condition of the patient. Where the fluid reaches to the clavicle, and the patient does not complain of dizziness or faintness, more than a quart has been taken at a sitting.

Three points are to be taken into consideration after paracentesis:

1. The reaccumulation of the fluid. While this is not exceptional, it is comparatively rare. If the effusion returns in any quantity and absorption fails to remove it, and the life of the patient is endangered, tapping must be again resorted to, combined with all the assistance the judiciously selected remedy will afford.

2. The conversion of a sero-fibrinous exudate into empyæmic pus is practically out of the question.

3. And, finally, the painful and distressing cough occasionally following the emptying of a pleural cavity is not necessarily alarming.

Empyæma comes within the domain of surgery. When pus has been demonstrated to exist in the pleural cavity, no matter how des-

perate the case, adopt the simple surgical principle governing pus, and give free vent, letting it out at once and maintain throughout perfect drainage. If this is done, most cases will get well, no matter what the technique of the operation may be or what plan of after-treatment is adopted.

While familiar with the fact that empyæma of children and a similar condition in adults sometimes gets well with a single tapping, I would urge that temporizing be done away with, and that the surgeon's skill be called in for an immediate resection of the ribs. If there is no fœtor to the pus, irrigation is unnecessary and uncalled for. When used, it frequently causes distressing symptoms, such as cough and dyspnœa, more rarely sudden collapse; and, in exceptional cases, it has been stated to have given rise to convulsions. A most important step in the treatment after the fluid has been removed is to secure the expansion of the lung on the diseased side. Judicious, systematic lung gymnastics will do much to secure this expansion. The chest-wall will partially collapse to avoid a vacuum.

Occasional cases of empyæma will be met of long standing, which, having been left to themselves, burrow, and eventually find some external vent, discharging more or less freely for years. These call for a nourishing and sustaining diet and operative measures if consent can be obtained. I recently came in contact with such a case of twelve years' standing. The external openings were on a line with the seventh and twelfth dorsal vertebra respectively. While open and discharging the patient enjoyed fair health, but when closed the suffering was intense, and was relieved only by a free discharge of thick, creamy pus. The patient at any time, on forced coughing, could cause pus to flow from both openings. He refused surgical aid. His kidneys were badly degenerated, and he died soon afterwards of marasmus and uræmic convulsions.

HINTS ON THE USE OF CALENDULA.—Dr. Karl Lindermann calls attention to several uses of calendula which he has been unable to find in the literature and which he has himself observed.

1. In burns of the first degree he applies locally, and always with good results, one part of the tincture to six parts of water.

2. In eczematous eruptions of the face and head he has administered the tincture, one part in twenty of water, internally, with good results in several cases.

3. In a case of violent toothache from caries of the root he prescribed calendula with ten parts of water as a mouth wash, with excellent results in one case (?) *Leipziger Populære Zeitschrift Fuer Homœopathie*, Nos. 21 and 22, 1894.

CORRESPONDENCE.

PHYTOLACCA BERRIES AND BIRDS.

TO THE EDITORS OF THE HAHNEMANNIAN MONTHLY:

Dear Sirs.—I have read the paper by Dr. Rotzell, in your issue of this month (December) with interest; but I cannot see anything incompatible with the fact, if it be a fact, that the berries of *Phytolacca decandra* are fat reducing. *We as homœopaths, I presume, look on the action of drugs in their homœopathic relation to disease; excessive fat is certainly a morbid condition, as well as excessive leanness.* I have no personal experience in the use of poke berries, but I can well understand that if they make birds *fat*, that is, produce the morbid state of fat, they can, and will, under similar conditions relieve or cure the fat disease; nothing has been said about the state of *the body of the muscles* in Dr. Rotzell's article—as to whether that was large or small. *Phytolacca*, amongst other things, is a muscle medicine; flesh is muscle; fat is mostly an outer covering. *Phytolacca* is one of our great homœopathic remedies in muscular diseases, such as rheumatism; it is quite compatible with its homœopathic action that it starves or destroys the healthy state of the muscle, and, at the same time, puts on an outer covering of fat, just as is the case with another so-called anti-fat remedy, the bladderwrack (*Fucus vesiculosus*), which has certainly been found to be a fat reducer. It is said, that in certain parts of Ireland, where sheep are in the habit of eating this sea weed, that they put on an *external* coating of fat, but that, *internally*, they *get excessively lean*. I think it will be found that *phytolacca* berries do the same; and if so, it is not only a homœopathic remedy for excessive muscular atrophy, but for an excessive adipose condition of the surface. I therefore support the observations of Professor E. M. Hale, that birds *fed* on poke berries do become emaciated, which is not, as I have said, incompatible with the remarks of Professor H. Justin Roddy, that birds become so fat that they could not be used as specimens (Hahnemann on *Cinchona*), and I believe that birds *fed exclusively* on these berries would be found in a like condition to the sheep, and would eventually die of atrophy. In my estimation, these remedies show con-

clusively that the great law of "similia similibus curantur" is an absolute law of nature.

I am, yours, truly,

ALFRED HEATH, M.D.,

114 EBURY STREET, EATON SQUARE, S.W.,

London, England.

December 15, 1894.

A LETTER FROM DR. CONSTANTINE HERING.

EDITORS OF THE HAHNEMANNIAN :

The following letter from Dr. Hering, written nearly twenty-three years ago, may be of interest to members of our school. I cannot recall the contents of my letter to which this is an answer, but it probably conveyed some news relating to the advance of Homœopathy. I would call the attention of Hahnemannian Isopathics to his opinion of the value of varioline in small-pox. This letter illustrates the far-reaching chemical knowledge of Dr. Hering, as well as his vast knowledge of the pathogenesis of drugs.

E. M. HALE, M.D.

PHILADELPHIA, December 14, 1871.

TO DR. E. M. HALE, IN CHICAGO.

Dear Colleague: Your letter of November 17th, fills me with delight. It increased my hope a hundred fold, my hope that all will be right; we will not only spread the blessing of Homœopathic practice over this continent, the land of promise, of the time coming, but also the acknowledgment of the true method of exploration. I would have answered immediately, but your query about *iberis amara* set me to work to try if I possibly could find something in my books or collections to satisfy your wish. It has, to my knowledge, never been proved, and where Wood got his notice from I do not know. Strange to say, I had been engaged for the last weeks (since our small-pox panic) with a study of the family of *cruciferae*, particularly the *sinapis nigra* et *alba*, a family where your *iberis amara* stands foremost.

As I now hear of small-pox being also in Chicago, I send to you all I found about *iberis*, little as it is.

Twenty years ago we had small-pox here, and it was then dis-

covered that patients with it had not the usual normal sulphocyanates (the reddening by iron-oxide-salts shows its presence), in their saliva, *but it appeared clearly and decidedly in the pus of the pustules*. Looking all the time for a chemical basis to the salivary poison of the snakes, to the salivary poison of the mad dog, and to the morbid productions foolishly called isopathic remedies, it was thus found that sulpho-cyanates were contained in the variolinum. But variolin is not sufficient in small-pox. The sulpho-cyanate of potassium did not produce satisfactory symptoms (in our saliva sulpho-cyanate of sodium). Thus, the plants containing sulpho-cyanates were compared. *Sinapis nigra*, or rather the ætherial oil prepared from it, contains sulpho-cyanate allyl. *Sinapis alba* contains sulpho-cyanate of sinapis. Of the latter, we have a proving by Bojanus, of the first a very minute report—the wonderful cure of a paralysis of the sympathetic nerves, etc., by Wm. Gross. *The symptoms of this cure agreed exactly with the symptoms of a patient having died with confluent small-pox*. Now we have a right to give sulpho-cyanates, and have seen great benefit from the tea of the seeds, as well as from the higher potencies of *sinapis nigra*. To come to your *iberis amara*. The chemist Piess discovered the same sulpho-cyanate allyl in the leaves of it—*Annal d. Chemie and Pharmac.*, 58 page 38, 1846; also in many other plants of the same family, but in the seeds and also in the roots of the horseradish, etc.

As *iberis amaria* is recommended in diseases of the heart, I call your attention to Mure's excellent proving of *lepidium bonariense*, a very near relative of *iberis*, used by the people near Rio Janerio, like we use *arnica*. See Hempel's translation of *Mure's Mat. Med.*, 1854, p. 213, where you find six very remarkable symptoms of the heart.

Nussus raphanus proving has also frequent violent palpitation. You know that I. B. Bell corroborated some symptoms of the latter after a surgical operation.

I am over-engaged with condensing my analytical therapeutics, but am at all times willing to aid our great cause. Remember me to Shipman and Ludlam, and not to forget Duncan, with whom I had some pleasant chats. Enter your new life with new love.

Yours,

CONSTANTINE HERING.

LACHESIS.—The characteristic mental symptoms are: great loquacity; jumping from one subject to another; jealous; fear of being poisoned; refuses medicine; muttering delirium with dropping of lower jaw; illusions. Patients think they are under superhuman control.

EDITORIAL.

THE RIGHTS OF HOSPITAL PHYSICIANS.

THE recent action of the Board of Charities and Corrections in dropping one of the members of the staff of physicians at the Philadelphia Hospital, on the score of its objection to a certain kind of treatment employed by him, though local in its immediate bearings, involves a principle of universal application upon which physicians cannot be *too* prompt in expressing their opinions.

It was alleged that, instead of giving some patients who had malaria the regulation quinia, he had given *nux vomica*, and had taken a few drops of blood from them during the chill, in order to examine it microscopically. All patients experimented upon not only fully recovered, but were at no time critically ill.

The President of the Board (a layman) said, in an interview, "The Board differed with the doctor in a matter of treatment; therefore voted for the other man."

There was no other question involved but that of treatment, and because that differed from the routine practice of a certain number—but by no means a majority of the profession—a physician, of whom nothing but praise could be spoken, was summarily dropped and his successor appointed.

Therefore the principle is sought to be established, that the board of managers of such an institution has the right to criticise the medical treatment employed by its physicians. In this case, as in many others no doubt, the majority of the board consists of laymen, which makes the principle all the more absurd. The true point at issue is still further lost sight of in the proposal—advocated, unfortunately, we believe, by some physicians—that a commission of physicians be appointed to pass judgment upon the treatment.

We again raise our voice for *individual liberty and responsibility*. Had the consequences of the treatment proved disastrous in a number of consecutive cases, a commission of physicians *might* have been advisable; but when nothing but good seems to have resulted, such action would seem entirely uncalled for. A physician, when appointed in such or any other institution, is supposed to possess certain general qualifications, upon the strength of which he receives his appointment. After this there should be no interference

with his activity in his own—the medical—department, and, least of all, by any layman. Were such interference allowable, there would be an end to all medical progress, since only those modes of treatment which had been long enough in use to percolate through the profession to the laity—as here, quinine in malaria—would have any chance of being permitted. Any new line of treatment, however promising, could be rejected, and a premium would be placed on routine practice of the most restricted kind.

In a commission of physicians, unless it consisted of one man and his preceptor, there would certainly be a diversity of opinion. Medicine is not yet a positive science, and differences of opinion between doctors are not entirely unknown. It would, further, only confuse the point at issue, which should not be regarding the treatment, but regarding the physician's *right* to adopt *any* mode of treatment which seemed best to him and for which he was willing to be responsible.

The whole medical profession should unite on the principle of *freedom of action* in therapeutics. It is that which the old school—so called—has always *theoretically* upheld, in opposition to the alleged dogmatism of homœopathy; while homœopathy has always demanded its right to practice according to its own conscience. Each school, however, has shown the same illiberality towards the other which we now deprecate in this board.

This incident, where the details are known, and where the issues are of local importance, will, we trust, open the eyes of the profession to the deep-dyed absurdity of endeavoring, in any logical manner, to fetter thought or limit progress, or to regulate by legislative enactment or by executive action subjects which must lie within the realm of individual liberty. The question raised by the board might just as well have been as to the *quantity* of quinine necessary to be used, as to the preference given to *nux vomica*. By easy gradations the allopathic profession could be made to recognize, by the Socratic method, that the question of *dose*, as well as of the *drug*, is a matter for each one to settle for himself according to his lights and experience. Having been brought to recognize this principle in its application to its own members, we might trust to a sense of justice to apply it to practitioners of our school. Individual liberty is the only solid basis of true progress.

THE RIGHT TO EXPERIMENT.

ANOTHER question which arises in connection with the incident before referred to, and which doubtless presented itself at the time, is the one as to how far a physician is justified in experimenting upon his patients. We have, with malice prepense, given the question its most obnoxious form, so that it will cover the less objectionable ones, which are more frequently asked, and the answers to which are generally volunteered, viz., when is a physician justified in departing from an acknowledged method of treatment, either in the use of new remedies or of new appliances, or in the withholding of all treatment?

With the confession that the science and art of medicine are not completed and finished, but are progressive and capable of development and improvement, naturally comes the acknowledgment that a departure from the routine becomes necessary at times, and that the right to make such departure belongs to every progressive physician. While an untrammelled right to do anything for which he is willing to assume the responsibility would be consistent with the principle of individual liberty which we advocate for the physician, a constant exercise of this right would very naturally tend to lead to abuse. We cannot fail to see in the unsteady therapeutics of the day indications of such abuse. It fosters a running after strange gods, and a fickleness in practice that retards rather than advances the progress of medicine. The hundreds of new pharmaceutical preparations thrown upon the market are experimented with without reason, and abandoned without cause, while the same want of stability is manifest in all the other branches of the art.

Here, as everywhere else, *via media via tuta*. We think that he who would govern himself by the following principles in experimenting, would be able to gratify every legitimate desire for progress, at the same time that he would keep within the bounds prescribed by humanity, and his duties as a healer of the sick.

1. Either the case should be of so trifling a nature that experiments would not be likely to complicate it, nor to cause more suffering; or,

2. It should be of such a nature as to be hopelessly removed beyond all known modes of treatment. With no increase of discomfort and a possible decrease, the experimenter would be regarded as a benefactor.

3. The routine practice should have proved itself either unsuccessful or but imperfectly successful.

4. The physician should have a definite object in view. His experiments should be rather to confirm a theory, than to gain data for building up a new one.

To the lay mind, the idea of experimenting with a sick person seems cruel and inhuman. It does not sufficiently appreciate the fact that no experiment would be tried which did not hold out some decided hope of being successful. It does not comprehend, and fortunately cannot be made to comprehend, the large element of uncertainty that enters into all medical practice, and it leaves out of sight altogether the chief cause of this uncertainty, namely, the individual peculiarities of each patient.

Objection to legitimate experimentation from a member of the profession could only arise from an overweening conceit, or from ignorant misconception. Observed facts form the basis of a working hypothesis which is to be confirmed or overturned by the results of carefully conducted experiments. The routine and system necessarily found in larger institutions, more particularly charitable ones, furnish the best opportunities for conducting these experiments, and we deem it not only a misguided sentimentalism, but a shortsighted policy to attempt to limit these advantages.

A NEW OPERATION FOR URETERO-VAGINAL FISTULA.—Mackenrodt freshens the mucous membrane about the ureter fistula in the shape of a myrtle leaf, leaving an island of mucous membrane about the fistula opening and eccentric to its upper inner border. The edges of the incision are fixed by bullet forceps, a catheter is introduced into the bladder and a portion of the bladder-wall pushed directly over the fistula opening with the head of the catheter. This portion of the bladder-wall on the end of the catheter is fixed by bullet forceps and incised, making a vesico-vaginal fistula. The septum is split, and the mucous membrane of the bladder held by Simms's tenaculum. The vaginal wall is then dissected back from the margins of the wound. The adjacent urethral opening, with its ring of vaginal mucous membrane, is then united with the opened mucous membrane of the bladder, so that its epithelial surface is in line with the epithelium of the bladder, is inside the bladder and forms a part of the bladder-wall itself. The suturing is done submucous with the finest silkworm gut, after Lanenstein's method, so that no thread is seen on the inner surface of the bladder. The vaginal flaps are then united in the usual manner by silkworm gut.

Uretero-uterine fistula need no longer be treated by extirpating the corresponding kidney. The fistula is always to be found in the neighborhood of the external os and complicated by a recent or a cicatrized laceration of the cervix. The sound is introduced into the ureter through the fistula, and the ureter is dissected away from the uterus and brought down into the vagina and converted into a uretero-vaginal fistula which is operated upon in a similar manner a month later. It is sometimes advisable to extirpate the uterus in order to find and bring down the ureter into the vagina.—*Centralblatt für Gynäkologie*, No. 39, 1894.

GLEANINGS.

GENERAL MEDICINE.

CONDUCTED BY

WM. W. VAN BAUN, M.D., AND FRANK H. PRITCHARD, M.D.

PHYSICAL EXAMINATION OF THE KIDNEYS.—Dr. M. Litten states that two-thirds of the kidney is covered by the ribs, while the remaining third projects below them. Palpation and percussion are the means of obtaining an idea of their form and consistency. They are influenced to quite an extent by respiration. To perform palpation the patient is placed upon his back, the right hand is placed upon the arch of the ribs between the anterior axillary and the mammary line, while the left is placed under the twelfth rib. The patient is then instructed to take a deep breath and if the organs are palpable they will be felt to move under the fingers during respiration. Thus one may judge with regard to their form, size, consistency, and even feel small elevations upon their surfaces. The smooth, oval and half elastic organ will be felt to glide between the fingers in a characteristic manner. Besides, one may employ Cuyon's renal ballotement by placing a hand under the back over the kidney and setting the kidney with short and sudden tossing movements, forcing the organ up against the other hand, which is applied to the abdomen. In some cases this method is useful. Morris advises putting the patient upon the opposite one to that to be examined, with the knees well drawn up, so that all the viscera sink down; thus a deep cavity is formed in front of the quadratus lumborum, where the kidney is felt as the highest object. In this manner one will succeed when other methods fail. It is not always possible to palpate the kidneys. Normally, they are best made out in thin persons with flabby abdominal walls. Abnormal deviations are more easily outlined. The sex is of great importance, for in the male the organ can only exceptionally be felt, while in women the normal left kidney may be palpated in about 30 per cent., the right in 75 to 80 per cent. Percussion, anteriorly, will give but scanty results; posteriorly, only the outer and lower margins can be made out on account of the proximity of the neighboring organs. This border is found about ten centimeters from the spinous processes, but only when the colon is filled with gas; if full of feces or very much distended with gas the attempt to percuss the outer border will be futile. Percussion is of service in two conditions: if the organ be absent or dislocated and in large renal tumors; when in the latter a broad tympanitic strip will be found to run along the posterior or lateral portion of the tumor from adhesion of the ascending or descending colon. The dulness generally extends over the surface of the thorax.—*Norsk Magazin for Lægevidenskaben*, No. 8, 1894.

A GIANT CELL SARCOMA OF THE TIBIA CURED BY ARSENIC INTERNALLY.—Dr. Paul Samter, of Königsburg, Germany, was consulted, in 1892, by a young, unmarried lady of 23 years, who was seemingly perfectly healthy, with no history nor signs of syphilis nor tuberculosis, yet whose left knee-joint was quite swollen so that active and passive movements were impossible. Anteriorly there was a tumor of the size of a small apple. The inguinal glands of that side were hard, enlarged and of the size of small potatoes, while those of the axilla were slightly swollen. She complained of violent pains in the leg, so that standing and walking were impossible. Amputation was refused by the hospital surgeons of that city as the disease was too far advanced. A microscopical examination of a fragment revealed the tumor to be a giant-celled sarcoma. The growth was removed. Arsenic was administered in the form of Asiatic pills, increasing gradually to ten a day, with instructions to continue them for months. The tumor had been removed twice before and had soon recurred. Nine months after the inguinal glands had diminished to the size of a cherry, while the cancerous cavity in the tibia had decreased in circumference one half, and was filled with partially necrotic tissue. She was wholly free from pain and passive and active movements of the knee-joint were entire painless. Now, two years after beginning the use of the arsenic and after taking two thousand and six hundred pills, no enlarged glands were to be found, the knee-joint was perfectly normal, excepting a small and granulating

osseous cavity in the head of the tibia. She can take long walks with ease and her joint is quite normal. Microscopically, the tissues of the granulating cavity were free from all sarcomatous tissue.—*Deutsche Medicinische Wochenschrift*, No. 37, 1894. (Professor A. A. Foucher, of Montreal, Canada, reports a case of ulcerating epithelioma of the cartilage of the external ear which was successfully treated by the chlorate of potash, externally and internally; externally, a lotion of the remedy was applied. Though the ulceration was extensive a cure followed in two and a half months. Brissaud, of Lyons, France, has obtained, with both the chlorate of potash and soda in carcinoma of the stomach, results which were naturally not definitely curative but decidedly palliative.—*L'Union Medicale Du Canada*, No. 1, 1894.—Eds.)

THE DANGERS OF BICYCLE RIDING.—Dr. L. H. Pettit reported before the Paris Academy of Medicine three cases of sudden death, on the bicycle, in patients with cardiac affections. One was that of a man of 60, the second a physician of 48, and the third that of a professional rider of 40 years. He, with others, calls attention to the danger of over exertion in bicycling, in children. The body temperature rises above the normal and the heart rate ascends to above 160 a minute, in fast riding so that in weakly persons or those with feeble hearts or lungs the results might be disastrous. Legéandre states that it is liable to induce pulmonary affections. He thinks bicycling wholly contraindicated in heart diseases, and in old persons. Hallopeau would not regard it as dangerous and not contraindicated in old persons. Daremberg and Verneuil have observed decided aggravation to follow in tuberculous and heart affections. In aortic and non-compensated mitral affections it is absolutely contraindicated.—*Muenchener Medicinische Wochenschrift*, No. 38, 1894.

THE GALVANIC BRUSH IN CERTAIN NERVOUS AFFECTIONS.—Dr. Witkowski, of Berlin, has found it a valuable measure, in certain nervous diseases, and much superior to the usual faradic brush, in intensity and duration of action, especially in peripheral anæsthesias, local disturbances of circulation in the extremities, sexual impotence from onanism, various forms of neuralgia, as well as in the vesical and cutaneous disturbances of tabetic patients. Always attach to the negative pole, while the positive electrode, well moistened, is applied to any other portion of the body. To avoid the cauterizing action, the skin should be previously well moistened, and the current not allowed to act too long upon the one spot. In peripheral anæsthesia, he uses the dry brush, applying it to the insensible portions until a distinct pain is felt. Then it is removed, to be applied again. It acts by direct irritation of the sensitive nerves. If the anæsthesia be complete, allow it to remain in contact with the skin for ten to fifteen seconds. In localized ischæmia, a metallic brush, slightly moistened, is applied, until intense redness follows. In sexual impotence from masturbation, where there are both weakness and ischæmia he applied a small, smooth, and slightly moistened electrode to various points along the penis, always attached to the negative pole, interrupting the current frequently; then he draws the metallic brush several times along the organ, especially on the glands, until intense pain results. Each day, two seances of three minutes' duration should be given, and, at the end of three weeks, every two days a full bath in water charged with carbonic acid is taken, in which the patient remains from thirty to forty minutes. In the intervening days, electrization is continued. After fifteen baths, treatment is suspended for two months, when electricity is employed again, twice a week. During the whole treatment complete abstinence from sexual relations must be insisted on. With these means he has obtained good results, even in inveterate cases.

As a revulsive, the galvanic brush yields excellent results in myalgia, neuralgia, and articular pains of whatever origin, and above all in sciatica. Massage, and elongation of the nerve by forced flexion of the thigh on the pelvis, are also valuable adjuncts in this latter affection. In *tabes dorsalis* it dissipates the vesical urinary troubles more rapidly, and for a longer time, than suspension; decreasing the lightning pains, increasing sensibility, and improving the ataxia. Every two days an application is requisite, commencing with the lumbar region and gradually proceeding down the lower limbs. Two or three sittings will show a commencing improvement in the incontinence of urine. It must be continued for several weeks. Applied to the lower extremities in tabetics, neither pain nor redness is induced, yet, little by little, the skin recovers its sensibility, and the disagreeable sensation of cold in the feet disappears; he begins to walk better, sways less with the eyes closed, and the pains are ameliorated.—*La Semaine Médicale*, No. 57, 1894.

GENERAL SURGERY.

CONDUCTED BY

WM. B. VAN LENNEP, A.M., M.D. AND H. L. NORTHROP, M.D.

RESECTION OF THE RECTUM.—Kammerer (New York) states that direct surgical interference with diseases of the rectum, as opposed to colotomy, has become more popular with the profession of late years, though he thinks it a good plan to establish, temporarily, an artificial anus before undertaking the operation itself. He is convinced that it is a very unusual occurrence to get complete union of the resected ends of the rectum when no artificial anus has been established.

The blood supply of the rectum in these operations is worthy of consideration. After resection of the diseased portion, it happens that there is more or less tension present when the ends of the bowel are approximated. To relieve this, further dissection of the upper end would seem necessary, and this entails a division of the superior hæmorrhoidal vessels on both sides, which are now alone responsible for the nutrition of the upper end of the bowel, which is deprived of all collateral circulation from the middle and inferior hæmorrhoidal vessels. Its vitality, moreover, has not been increased by the manipulations necessary to liberate it from the surrounding tissues. It is, therefore, a wiser procedure to resect an additional portion of the upper end of the rectum, until within the domain of other branches of the inferior mesenteric artery. This is not a difficult task. It is only necessary to incise the peritoneal folds on both sides of the bowel, which are now the main impediment to downward traction, and to separate the rectum with the hand from the anterior surface of the sacrum, as far as the promontory, if necessary. The importance of complete relaxation of the sutured ends cannot be overestimated; we must depend entirely upon our sutures, and the absence of tension, for primary union.

In all of Kammerer's cases, the peritoneal cavity in Douglas's pouch was incised, even when the excised portion of the rectum did not measure more than three inches. This was done to mobilize the sigmoid flexure, in order to approximate without tension. The author thinks the dangers of infection of the peritoneal cavity not so great as they have been urged to be. With suture or drainage of the peritonæum, the iodoform tampon, the temporary artificial anus, and the avoidance of tension, the possibility of infection should be reduced to the minimum.—*Annals of Surgery*.

INTRADURAL RESECTION OF THE ROOTS OF THE BRACHIAL PLEXUS.—The patient, a man, aged forty years, had had since childhood a partial spastic paralysis of his right arm and leg, with incessant athetoid motion of the upper limb, and pain in the forearm. For these latter symptoms the right forearm was amputated, and, the pain and spasm continuing, amputation was performed at the shoulder-joint. Pain recurred; when the bulbous nerves of the axillary plexus were resected. Again, the athetoid spasm and pain of the shoulder recurred, and caused the scapula and clavicle to be raised high up towards the neck. Medicine, electricity, and local applications were tried for a year or more, when Abbé (New York) advised intradural section of the roots, and operated.

He exposed the cord, from the fifth cervical to the first dorsal arch, inclusive, and made full-length incision in the dura. As usual, about three ounces of cerebrospinal fluid escaped, after which the posterior roots were picked up by a strabismus hook, and a quarter-inch of the fifth, sixth, seventh, eighth cervical, and first dorsal, was excised. The cord was then drawn gently aside, and the anterior roots cut through, excepting the fifth, which was not severed on account of doubt as to the presence of the fourth with the fifth at this point of the wound, as the fourth possesses a phrenic supply.

The resection of the posterior roots (generally regarded as the sensory conductors) of the entire right brachial plexus was thus accomplished with exactness. The anterior roots, which were deemed responsible for the athetoid spasms were divided, except the fifth.

The dura was sutured with fine catgut continuously; the ligamentum nuchæ and muscles united by buried catgut stitches, and the superficial fascia and skin independently.

Primary union occurred. The pain abated very much, and the spasm disappeared almost entirely after the operation.

Of two other cases, in which Abbé had performed a similar operation—one six years ago, the other five years ago—in both there had been very great, but not complete, relief from pain up to the present time.—*Annals of Surgery*.

AN IMPROVED METHOD OF OPERATING FOR CARCINOMA OF THE BREAST.—Meyer (New York), first calls attention to certain landmarks, viz., above, cephalic vein and clavicle; outward, the tendon of the pectoralis major muscle of the humerus; below, the border of the latissimus muscle; inward, the sternal extremity of the clavicle and the sternum itself.

His plan of operating is as follows:

1. Skin incision as usual, embracing a liberal piece of skin around the nipple, which incision is at once run up into the axillary cavity, about an inch and a half to two inches farther than in the ordinary operation. This in order to more easily reach the tendon of the pectoralis major muscle on the humerus.

2. Additional skin incision from the clavicle at the junction of its middle and outer thirds downward, meeting the first wound at right angles.

3. Reflection backward of the three skin flaps with as thin a layer of the underlying fat as possible, leaving just enough so as not to endanger a future necrosis of the flaps, exposing: *a.* The insertion of the pectoralis major muscle on the clavicle and sternum. *b.* The insertion of the same muscle on the humerus, the cephalic vein in Mohrenheim's sub-clavicular space (guide). *c.* The border of the latissimus dorsi muscle.

4. Division of the pectoralis major muscle in its tendon close to the humerus (the raised arm of the patient must be somewhat lowered for this purpose), and reflection of the same downward to its origin from the clavicle. Here it is cut off at once down to the sternal extremity of the bone, in order to thoroughly expose the contents of the axillary cavity and the infra- and sub-clavicular regions.

5. Excision of the sub-clavicular, infra-clavicular and axillary fat, glands and lymphatics, with the knife, etc., beginning above and working downward. Fat with glands are nowhere cut into, but remain in one piece and attached to the outer lower border of the pectoral muscles in their normal anatomical relation.

6. Division of the tendon of the pectoralis minor muscle on the coracoid process.

7. Gentle elevation of the breast and muscles by an assistant's hands in order to put the bloodvessels which enter and leave the pectoralis major muscle on the stretch. These are clamped before they are divided.

8. Amputation of the pectoralis major muscle at its origin from the sternal extremity of the clavicle, and of both muscles at their origin from the sternum and ribs, close to these bones. This origin forms the pedicle of the whole mass.

9. Suturing of the wound as far as possible; plate sutures for the better coaptation of the skin flaps; drainage of the axillary cavity as usual.

10. Dressing; the large defect is always to be covered with rubber tissue in order to favor rapid healing under the moist blood-clot; good compression. Grafting of the resulting granulating wound may be done in eight or ten days.—*Medical Record*.

CIRCUMCISION.—Lewis (St. Louis), details a method of operating for which he claims many advantages. The operation was done with the assistance of two instruments, a clamp and prepuce-tractor, which enabled the operator to carry out the following steps of procedure: 1. The prepuce is drawn strongly forward, the traction being applied to its inner surface by means of the serrated tractor mentioned. 2. The glans penis being repressed, the curved, fenestrated clamp is applied. 3. With these as a support and guide, 10 per cent. cocaine solution is injected between the two layers of the foreskin, anterior to the clamp. 4. After effective anæsthesia has been secured, six double-length (10-inch) catgut sutures are run clear through the clamp fenestra and the four layers of foreskin. 5. With strong scissors the latter is cut off in one sweep. 6. Tractor and clamp being removed, the double-length suture being divided, two additional sutures are placed at the dorsal and frenal sites, previously occupied by the tractor. 7. The vessels are secured and sutures tied all around.—*Medical Record*.

MODERN SURGICAL TECHNIQUE.—Marcy (Boston), emphasizes the importance of a most careful bacteriological training on the part of him who would become proficient in surgical practice. In the preparation of the operating room, Marcy points out the ease and safety with which an ordinary living room, by preference

the kitchen, is made comparatively sterile, when, from necessity, the surgeon is called upon to act promptly and suddenly. In abdominal wounds, where irrigation is not advised, he substitutes for it a slowly-flowing stream of oxygen gas from a compressed cylinder. This sterile gas is heavier than atmospheric air, which it displaces, and as a consequence renders the wound less likely to infection from the products of respiration and atmospheric contamination. Marcy reiterated his well-known views upon the value of tendon sutures buried in all aseptic wounds for the approximation and reinforcement of the structures, emphasizing the importance of abandoning the drainage-tube in all aseptic wounds and hermetically sealing the same with iodoform collodion. Aseptic wounds made in aseptic structures aseptically closed and sealed are always followed by primary union.—*Medical Record*.

INDICATIONS FOR COCAINE IN SURGERY.—Coci (Genoa), has employed cocaine in 434 surgical operations since 1885. He has used it in many cases where one ordinarily would regard general anæsthesia indicated, as for example, in 8 extirpations of goitre, 2 amputations of the breast with evacuation of the axillary cavity, 34 radical operations for hernia, 2 vaginal hysterectomies, with removal of the uterine appendages, 1 laparotomy, 4 amputations of the tongue, of which 2 were preceded by preliminary ligation of the lingual arteries and followed by evacuation of the submaxillary region. Employing, at first, solutions varying in strength from 5 to 10 per cent., he came to use such solutions as 1 to 1½ per cent., which latter he employs exclusively to-day. The solutions must be recent and should contain 2½ per cent. of boric acid. In adults, an injection of morphine should precede that of the cocaine-mixed anæsthesia—both general and local. (Morphine, is stated by a certain French writer, to be a physiological antidote of cocaine). He has observed but two cases of intolerance and that during the years when he employed strong solutions.

Particular care must be taken to scatter the fluid well through the tissues and not to inject it into a vein. He denies that cocaine predisposes to suppuration of the part. This is either due to incomplete asepsis, a dirty needle or pollution of the solution. During the past year, by the use of cocaine, he has been able to reduce the number of chloroformizations, in his clinic, to twenty-three, while the year before seventy were necessary. He finds cocaine of especial advantage in operations about the neck, in extirpation of goitres, lymphatic glands and radical operations for hernia. Contrary to the opinion generally held, he has observed the anæsthesia to extend over an hour. Cocaine, or cocaine and morphine anæsthesia, cannot replace ether and chloroform, yet they may be serviceable when these are contra-indicated.—*Gazzetta Degli Ospitali*.

TURNIP PLATES AS A SUBSTITUTE FOR SENN'S DECALCIFIED PLATES IN INTESTINAL ANASTOMOSIS.—Dr. R. Baracz, after a series of experiments with various kinds of vegetables, carrots, potato, apple, etc., comes to the conclusion that turnips furnish the best material as a substitute for decalcified plates for operations on the intestines. He undertook a series of experiments on dogs, five gastro-enterostomies and three resections of the intestine with entero-anastomosis. Out of these five gastro-enterostomies there were four recoveries; only one dog succumbed to a peritonitis, due to an effusion of the gastric contents into the peritoneal cavity during the operation itself. Of the three resections with entero-anastomosis there was one fatal case from intestinal occlusion, due to placing the anastomosis too far from the completely sutured end. These failures, hence, were not due to any fault of the plates. In the fatal case of gastro-enterostomy he examined the plates two days after the operation. Both were still fixed by the sutures at the point of anastomosis. The one in the stomach was softened and of the consistency of boiled carrot, while that in the intestine was somewhat harder. Two of the dogs were killed fifteen to twenty days after gastro-enterostomy and no traces of the plates or sutures were to be seen.—*Przegląd Chirurgiczny*.

A NEW METHOD OF SKIN GRAFTING.—Wentscher has found that grafts of skin may be easily preserved for twenty-four to forty-eight hours in a physiological solution of sodium chloride (0.6 per cent.) which has been previously sterilized by boiling. Thus kept, they preserve sufficient vitality to be transplanted upon a wound and to aid cicatrization. As is known, it is often inconvenient to proceed at once to graft immediately after a surgical operation, as the oozing is considerable, and complete hæmostasis, so necessary for success, is not easily obtainable. On the other hand, if the grafting be done later to spare the patient the necessary pain of

excising the grafts, chloroform is again necessary, which is of itself inconvenient. Thus the flaps are excised at the time of operation, placed in a sterilized physiological solution of common salt, where they may be preserved for twenty-four to forty-eight hours, when the grafting may be done without pain or oozing.—*La Semaine Médicale*.

GYNÆCOLOGY AND OBSTETRICS.

CONDUCTED BY

GEO. R. SOUTHWICK, M.D.

PATHOLOGY AND TREATMENT OF POST-PARTUM HÆMORRHAGE.—(See also *Post-Partum Hæmorrhage*). Hæmorrhage may result from laceration of the cervix, atony of the uterus or from the placental site. Atony of the uterus after birth of the child is extremely rare. Veit gives a report of forty-seven thousand births from the best conducted maternities in which there were not more than five deaths from atonic post-partum hæmorrhage. In six thousand seven hundred polyclinic cases (patients attended at home), there were twelve deaths from this cause. The frequency of atony in thirty-eight thousand cases of this compilation amount to four and a half per cent. and only a quarter of one per cent. of these died. In this same compilation four and a half per cent. of the cases of manual separation of the placenta died, showing more danger from this last complication. If the uterus contracts firmly and hæmorrhage persists, it is due to some injury to the soft parts which must be sutured.

If hæmorrhage does not occur till after the birth of the placenta, it is due to atony of the uterus.

The reason of unusually prolonged retention of the placenta is not due so much to adherence (union) of the placenta to the uterus, as to preceding inflammatory alterations of the mucous membrane. This endometritis leads to weaker contractions of the uterine muscle as well as to firmer union between the decidua vera and reflexa. Treatment should be conservative here, waiting for spontaneous separation of the placenta which can be hastened by careful massage of the uterus with the hand.

Veit condemns the treatment of atonic post-partum hæmorrhage by bi-manual compression of the uterus in anteflexion as well as the introduction of the fist into the uterine cavity. He recommends instead abdominal compression of the uterus with the hand and the injection of hot water (130° F.) He uses vaginal injections first and failing, the uterine douche. He thinks tamponing of the uterine cavity is uncertain and leads easily to infection. Ergot is unreliable.—*Zeitschrift für Geburtshülfe u. Gynakologie*, vol. xxviii., H. 2.

THE RELATION OF THE SKULL OF THE MOTHER TO THAT OF THE CHILD.—Gœnner finds no constant relation between them, neither is there any definite relation or type of pelvis corresponding to types of skulls such as the dolichocephalic or brachycephalic.—*Zeitschrift für Geburts. u. Gynæk.*, Bd. xxviii., H. 2.

POST-PARTUM HÆMORRHAGE.—Veit states that the unfavorable prognosis for anæmia after post-partum hæmorrhage does not depend so much on the loss of blood as the fact that the patient was infected at the time of hæmorrhage. He also states he has not seen a dangerous case of atony of the uterus and hæmorrhage, and that all the fatal cases of post partum hæmorrhage have been due to some injury. In a collection of twenty thousand three hundred and seventy-eight cases there were not more than two deaths from atony of the uterus. In another collection of forty-seven thousand seven hundred and sixty-five cases there were only five cases. He cautions against the introduction of the hand in the genital canal except in case of injury. He objects to bimannual compression of the uterus, the introduction of the fist into the uterine cavity and to the gauze tampon in the same on account of the danger of infection.—*Ibid*.

DISINFECTION OF THE HANDS.—Reinicke has made an interesting study of the subject, and methods in ordinary use, Fürbringer's method of thoroughly cleansing the nails, soaking in spirit and finally scrubbing in a strong sublimate solution, has

been found deficient, as well as scrubbing the hands with soft soap and sterilized sand. Lysol has proven useless for the purpose. Chemical agents in general, as they can be applied for practical purposes, are unreliable. He recommends washing with hot water, soap, and nail-brush, followed by five minutes' brushing with 90 per cent. alcohol, and rinsing the hands afterward in some aseptic fluid. For rapid disinfection, omit the first washing. The experiments were controlled by bacteriological examination of the hands, but, in the test experiments, the bacilli pyocyaneus was used and not the staphylococcus or streptococci, which surgeons are especially anxious to destroy.—*Centralblatt für Gynäkologie*, No. 47, 1894.

CHLORINE WATER AS A DISINFECTANT.—Sippel has used for many years no other disinfectant, in the puerperal uterus, than chlorine water. Before the use of sublimate, he had substituted chlorine water for carbolic acid, as he had a case of very severe collapse after using a carbolic douche for an abortion, which was given in narcosis with every precaution.

The chlorine water is used either pure or diluted, cold or lukewarm, according to the disinfecting and contracting effect desired. Not the least unfavorable symptoms have been observed. Some burning of the external genitals may occur in very anemic persons, and can be guarded against by the inunction of some fat.—*Centralblatt für Gynäkologie*, No. 28, 1894.

SUGAR AS AN EMBOLIC.—Bossi has tried this in eleven cases with the distinct effect of increasing the uterine contractions in from twenty-five to forty-five minutes, and in cases of long labor and weak pains. He used 30 grammes in 250 grammes of water, for a dose.—*Ibid*.

ASEPTIC PRINCIPLES IN OBSTETRICS.—Veit urges great care. The prolonged scrubbing of the hands with hot water, soft soap, and nail-brush, followed by five minutes' scrubbing and soaking in a strong sublimate solution. The cleansing of the pubes, labia, and anus, with soap and water, and then a disinfecting agent. Disinfection of the vagina only in case of an operation when there is reason to believe processes of decomposition are present, or, if the patient is infected. Limitation to the utmost of the internal examination, observing the progress of the head by external examination of the posterior wall of the pelvis (pelvic floor) with the patient on her side. The fingers should not be introduced into the vagina over the perinæum, but entered direct by inspection.—*Centralblatt f. Gyn.*, No. 33, 1894.

CONTRIBUTION TO CHILD-BED FEVER.—Ahlfeld states that fever may occur independent of any examination, and is then usually in a mild form. In well-conducted maternities, infection is more often from within than without; and if the latter, is more serious. Preliminary cleansing of the parturient canal is a necessary requisite to avoid severe diseases in child-bed. The disposition to child-bed fever is greater in primiparæ than multiparæ, on account of more numerous lesions of the mucous membrane. The conservative method of treatment of the third stage of labor gives the best results. He recommends corrosive sublimate for disinfection. Most child-bed fevers are due to absorption of retained and infectious or infected lochia, which is favored by a distended rectum. The uterus absorbs more rapidly than the vagina. The poison absorbed is soon expelled, mostly by the urine.—*Zeitschrift für Gynäkologie u. Geburts.*, vol. xxvii.

EUPHORIN FOR ENDOMETRITIS.—Pinna Pintor recommends, after the curetting of the uterine cavity and washing it out, the intra-uterine injection of euphorin, a saturated solution in alcohol with equal parts of sterile olive oil. This repeat every four or six days after previously washing the uterine cavity with sterilized water.—*Centralblatt für Gynäkologie*, No. 35, 1894.

TREATMENT OF THE PLACENTAL PERIOD AND POST-PARTUM HÆMORRHAGE.—The treatment of the placental period is a common cause of post-partum hæmorrhage. Schauta recommends careful watching of the uterus after the birth of the child; if the uterus is well contracted, leave it alone; if not, rub it lightly until it contracts. No attempt to express the placenta should be made within the first half hour. If carefully repeated attempts at expression do not succeed after this period, wait three hours before moving the placenta. Hæmorrhage is treated by irrigating the uterine cavity with hot water, and, if necessary, packing it with gauze. If these fail, invert the uterus and ligate its neck for six hours and then replace.—*Ibid*.

OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

CONDUCTED BY

CHAS. M. THOMAS, M.D.

REMOVAL OF THE AUDITORY OSSICLES FOR THE RELIEF OF CHRONIC DEAFNESS AND OTHER ABNORMAL CONDITIONS.—Hefelbower (Cincinnati), contributes a paper with this title, of which the following are conclusions:

1. No bad results attend the excision of the malleus and the incus, but removal of the stapes is not without the most serious danger both to life and hearing.
2. That the removal of the malleus and incus alone is far preferable to the removal of the stapes.
3. The operation is of extreme service in chronic suppuration in suitable cases, frequently avoiding mastoid and other serious disturbances of an equally serious nature.
4. It should be performed in cases where there is a high perforation or where the membrana flaccida is perforated, and where the ossicles are necrotic.
5. Tinnitus, headaches of severe origin and vertigo are relieved.
6. In suitable cases it is invaluable for relieving deafness, whether from chronic suppuration or from chronic catarrh and sclerosis.—*Medical Record*.

DEAF MUTISM.—Love (England), concludes an interesting paper on Deaf-Mutism as a Clinical Study with the following suggestions:

1. In connection with every deaf-and-dumb institution there should be an aurist, whose duty it would be to examine the ears and test the hearing of every child admitted. Medical men need not mix in the war about teaching methods, but should supply the information without which the best method cannot be determined. Where the aural system is to be taught, surgery can do something to improve the articulation. Any treatment which promises improvement in hearing should be tried.

2. Otologists should continue to direct the attention of the profession and of the public to the more careful treatment of diseases of the ear, and especially to those ear affections which complicate the exanthemata. Local authorities should include measles amongst those diseases to be compulsorily notified, for the disease is one of the most fruitful sources of deaf-mutism.

3. Marriages among congenitally deaf should be discouraged, or, if necessary, prohibited.

4. Temporal bones and brains of deaf mutes who die from whatever cause should be carefully examined and reports published.—*Journal of Laryngology, Rhinology and Otolaryngology*.

GLYCOSURIA OF NASAL ORIGIN AND CURE AFTER THE ESTABLISHMENT OF NASAL RESPIRATION.—Bayer (Brussels), narrates the case of a man, 45 years of age, with the following symptoms; He breathed with open mouth; tongue was swollen and coated. Examination of the nose showed the presence of an almost complete obstruction due to a chronic hypertrophic catarrh and accumulation of secretion. There was also a dry pharyngitis. There was nothing abnormal as regards the larynx, bronchi, or lungs, nevertheless, there was a certain respiratory difficulty, particularly when he ascended stairs, and some wheezing in the chest especially at night. The skin was dry to the touch and wrinkled. In front of and behind the ears red spots were perceived; the finger-nails were yellowish, furrowed and ragged. The symptoms in their entirety suggesting diabetes, the urine was examined and found to contain a large amount of sugar.

The patient was placed upon appropriate regimen, and upon the following day local treatment of the nasal passages was begun. The respirations soon improved, the patient was enabled to rest better at night, and was not obliged to rise so often to pass urine. Thirst diminished and the proportion of sugar decreased. The nails began to form anew in a normal manner. Glycosuria continued to diminish in proportion to the subsidence of the nasal swelling and improved ability to breathe. In two months time the urine was completely free of sugar. The patient felt well and had regained his strength and energy. In consequence of a cold nose-breathing was again embarrassed and sugar reappeared. Again local treatment was directed to the nose and again the sugar vanished. Since that date the patient has remained in good health.

MONTHLY RETROSPECT

OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY

CLARENCE BARTLETT, M.D.,
FRANK H. PRITCHARD, M.D., AND F. MORTIMER LAWRENCE, M.D.

CARDUS MARIANUS IN DISEASES OF THE LIVER.—Dr. Schumacher says that *carduus marianus* is one of those neglected remedies that needs recalling to homœopathic practitioners. Dr. Rademacher, who first introduced this remedy to the medical profession, said: "No other remedy will cure the different sympathetic affections originating in liver diseases quicker than *carduus marianus*." According to provings and clinical observations, *carduus marianus* has no equal in liver complaints, and its sphere of action is chiefly in the portal circulation and the many disturbances derived therefrom. Whenever the remedy is indicated, a sensitiveness of the epigastrium and right hypochondrium is never absent, and in a majority of cases there is more or less enlargement of the liver to be detected by palpation and percussion. Other remedies belonging to the same sphere, such as *bry.*, *carb. v.*, *chel.*, *merc.*, *nat. mur.*, *nux v.*, *pod.*, *sulph.*, etc., differ from *carduus* in the color changes of the stool and urine in the beginning of their action, while in the latter these changes are altogether absent, or occur later in moderate forms. Further, the *carduus* patients are inclined to hæmorrhages. This proves that its action is unlike that of other liver remedies, that its action is upon the portal vessels, while those act upon the parenchyma of the liver. It is proven that hæmorrhages of the stomach and bowels in cirrhosis of the liver are in consequence of the disturbance to the portal circulation, and that less deep disturbance of the portal circulation can cause a sympathetic hæmorrhage of other organs. *Carduus marianus* will cure them. It is as great a regulator of the portal circulation as *digitalis* is of the heart's action. In *carduus* patients we frequently find urine with a rose-red sediment, occasionally light yellow, diarrhetic stools; sallow, yellowish color of the skin; quickly alternating increased and decreased swelling of the liver; stitching pains in the liver from pressure. When we find symptoms and functional disturbances as related, *carduus marianus* is directly indicated. It will do great service in bilious fever, acute hepatitis, typhlitis, icterus, puerperal peritonitis, chronic stitches in right and left hypochondrium, hæmorrhages, varicose ulcerations, pain about the cæcum, ascites, gall-stone colic, and a chronic cough where no objective symptoms of lungs or bronchi can be detected.—*Medical Advance*, December 15, 1895.

AN UNFAVORABLE REPORT ON PASSIFLORA INCARNATA.—Dr. C. R. Mayer comes forward with an experience completely at variance with the extravagant claims made for this drug by some of its advocates. His use of *passiflora* extends over a period of six or seven years, during which time he has used it in almost every condition for which it has been recommended, and in doses varying from the first decimal to repeated teaspoonfuls of the tincture and fluid extract; and yet he has not seen a single well-authenticated case of cure, or relief of the condition, for which it was prescribed. Since Dr. Hale's introduction of the remedy, it has been extolled by many writers as an invaluable medicine for insomnia, neuralgia, tetanus, trismus, mascentium, dysmenorrhœa, hysteria, delirium tremens, infantile convulsions, asthma, and so on, *ad infinitum*; in fact, were credence to be placed in all we read, a physician armed with this remedy, would be prepared to face with the utmost confidence of affording rapid and permanent relief, any disease of the class neurosis. Last July, Dr. Mayer attempted a proving, taking a teaspoonful of the fluid extract

every two hours for two days; the only symptoms developed were loss of appetite, intense nausea, and finally, vomiting; no soporific or sedative effect whatever being experienced; on the contrary, the gastric irritability induced resulted in a rather restless night.—*Southern Journal of Hom.*, December, 1894.

TREATMENT OF THE GRIPPE.—Dr. Windelband recently read a paper before the sixty-second meeting of German Homœopaths, on this subject. In the beginning, he administered aconite and bryonia, thus obtaining sweating and a loosening of the cough, and a shortening of the bronchitic phenomena. These two remedies were his reliance in simple cases. In pulmonary complications, as diffuse bronchitis of old people especially, and in children, he always employed phosphorus and tartar emetic, either singly or in alternation, and particularly with pronounced catarrhal pneumonia, for a typical croupous form was rarely observed. In case of neuralgic complications, as terrific backache, and other neuralgias in different regions of the sensory nerves, with the well-known restlessness and aggravation from lying down, and the great sense of prostration, he found that they yielded to *rhus tox.* Articular affections, with metastasis to other serous membranes, as the pleura and pericardium, were treated with bryonia, though *spigelia* was employed with service in endocarditis and pericarditis.

In little children, where the disease would occasionally set in with spasms, either *belladonna* or *atropine* were rapidly sedative.

The gastric and intestinal complications quickly yielded to bryonia, or required, according to indications, phosphorus, *ipecac.*, *pulsatilla*, and *rhus*, the latter especially in diarrhoeas. In case typhoid symptoms developed, arsenic, in several cases, yielded him good results. In cases of croupous pneumonia, he followed *Kafka's* advice, and soon saw improvement of the hepatized lung follow after the use of *kali iodatum*. In several cases he saw hæmorrhages set in from lungs which were apparently normal. Here *secale cornutum*, in material doses, soon caused them to cease.

Renal irritation he observed in a few cases, and there *cannabis* and *cantharis* were of value. One case of profuse albuminuria was combated successfully by *plumbum aceticum*.

Hæmorrhages from the intestines he has repeatedly observed, and treated with success with *hamamelis*, *millefolium*, and corrosive sublimate—the latter remedy when dysenteric symptoms predominated.

A few cases of peritonitis were seen, and opium found useful in the initial stage with great meteorism, vomiting, antiperistaltic movements of the intestines; sulphur, in a case of slowly-absorbed peritonitic exudate, was the means of effecting a cure.

In scrofulous children, tuberculous meningitis has been noticed to complicate occasionally, which diagnosis was concluded from the hopeless results of treatment. Mild cases were treated with *belladonna*, *kali iodatum*, or *calc. carbonica*. He recommends *china* as an excellent tonic to build up the strength during convalescence.

In the discussion which followed, Dr. Mathes has seen good results follow *kali carbonicum*; Dr. Schnnetgen, *kali phosphoricum*, in the frequently occurring heart-weakness during the disease. *Nux vomica* was claimed by several to exert a favorable influence upon the whole disease. In the obstinate cough accompanying the disease, *sticta pulmonaria* was recommended by Dr. Mossa, of Stuttgart.—*Zeitschrift des Berliner Vereines Homœopathischer Aerzte*, xiii., Bd. Hft. vi., 1894.

A RECAPITULATION OF THE THERAPEUTIC SPHERE OF SABINA.—Dr. Puhlmann states *sabina* to be indicated in the following conditions:

Threatening abortion in the third and ninth months with labor-like pains proceeding from the sacrum and bright red hæmorrhages; menstrual colic, with the same characteristic pains. The hæmorrhage is chiefly arterial, bright red, rarely dark and clotted.

The drug has also an action upon the smaller joints. From its specific action upon the kidneys it may be of service in gout when the big toe is swollen and reddened, sensitive to touch especially when the pain is aggravated by rest. But also it is of value when the gout creeps up the limb and attacks the ankle, knee, or even the wrist-joint; here it will do good service. It is by no means meant that it will definitely cure the gout but it will abort the acute seizure without exposing the patient to recurrences.

To bring about a cure of the gout itself would require other and especially die-

tetic treatment. Sabina forms one of the constituents of the well-known French anti-gout preparation, Liqueur de Laville. In the articular pains of plethoric women with profuse menstruation it will do good service, especially if the pains are stitching, increased by pressure and ameliorated by long continued movement; these patients are also bothered by an itching skin. The other symptoms if not associated with these states are uncertain and not worthy of confidence.—*Leipziger Populäre Zeitschrift Fuer Homœopathie*, Nos. 21 and 22, 1894.

A COMPARISON OF ACONITE AND FERRUM PHOSPHORICUM.—Dr. Moeser states aconite to be indicated only in fevers which set in with a certain degree of energy, with a dry and hot skin, and a full, rapid, and hard pulse, accompanied by great thirst, and internal and external restlessness, excitement with anxiety, which may increase to death-like anguish. Such a febrile state will be met with in persons otherwise in good health, who have been suddenly exposed to cold, in raw and windy weather. The disorder rapidly increases, and soon comes to a crisis. The patient throws himself restlessly about in bed, wants to be uncovered; if he is delirious then the delirium is mostly anxious with a fear of death. During the day all the symptoms ameliorate; before midnight, they are less pronounced than after midnight. In certain fevers it is decidedly contraindicated and will not act; such are typhoid, pyæmic, and septicæmic fevers as well as in hectic febrile movements. In acute articular rheumatism if once well developed it is of no service. In the inflammatory processes of the remaining serous membranes it will probably be found indicated only in pericarditis and not in meningitis and pleuritis, where bell. will be found more useful in the former and bryonia in the latter affection. On the contrary, aconite will frequently be useful in the initial stage of pneumonia as well as in acute trachitis and in the acute laryngitis of children which sets in as false croup and causes parents so much uneasiness. Also in true croup it is recommended together with spongia and hepar sulph. in rapid alternation, every five to ten minutes. In diphtheria aconite is incapable of holding the disease in check, in the beginning. In the so-called acute exanthems it will often be found valuable in the initial febrile stage, and will favorably influence the course of the disease.

Ferrum phosphoricum in many cases of incipient fever often yields good results, and the symptoms greatly resemble those of aconite; full, hard pulse, with chilliness, thirst and restlessness, congestion of various parts of the body with amelioration during the day and before midnight. But the characteristic anxiety of aconite is lacking, and the pulse is not as hard. There is, in common with all ferric salts, an inclination to capillary hæmorrhages. It is not only here indicated, but also in patients with an inclination to congestive conditions, palpitation of the heart and hæmorrhages. It will be found more often useful than aconite in feverish affections of individuals in the period of growth, and especially in females in fevers with a distinct inclination to congestion of the head and lungs. It seems especially indicated in fevers accompanying pulmonary tuberculosis, where aconite is of no value. Certain forms of malarial fever which have been mistreated by quinine are cured by preparations of iron, and especially by the phosphate. In rheumatic fevers it is worthy of confidence. The urine is characteristically neutral or alkaline.—*Homœopathische Monatsblätter*, No. 10, 1894.

CALCAREA SILICATA IN PUS-GENERATING DISEASES.—Dr. J. T. Boyd calls attention to the fact that sheep fed on grass grown on soil wanting silicate of lime are attacked with "pining ill" and "rot," diseases closely allied to tuberculosis; and that when changed to a pasture where these ingredients exist they become better. From this he reasons that this remedy should be useful in tubercular consumption, lumbar abscess, psoas abscess, fistula in ano, and kindred pus-generating diseases, and in confirmation of this view he presents a report of three cases in which the remedy was used. As objective symptoms calling for the drug he notes: Short, hacking cough, with little expectoration; expectoration of sputa with small, dark spots intermingled with it; gradual and progressive loss of flesh; pale conjunctiva with redness of the inner canthus of the eyes; scrofulous and malignant degeneration of tissues; enlarged glands; bloody muco-purulent discharge from the bowels, uterus, etc. As subjective symptoms: Sensation of dryness in the throat; unrestful sleep, the patient wakes up in the morning as tired as when he lay down at night; dimness of vision; disagreeable dreams; of seeing disagreeable objects during sleep or when partly awake; sees ghosts; great and increasing debility; pain in the head without heat of body; aching and stiffness of the limbs; sharp, lancinating pain in the part affected; chronic diarrhœa; discharge of muco-

purulent matter from the lungs, rectum, or uterus, and from fistulous sinuses.—*N. A. Jour. of Hom.*, November, 1894.

THREE NEW DOUBLE SALTS OF GOLD AND POTASSIUM.—George Burford, M.B., writing in the *Monthly Hom. Review*, November, 1894, expresses surprise that sodium is chosen as the gold co-efficient in the double salt of gold and sodium, while potassium, its more active congener, is ignored. He obtained the opinion of an analytical chemist to the effect that double salts of potassium and gold were possible; and a new salt, the double chloride of gold and potassium, was specially prepared for him. From his experience in private and hospital practice he is convinced that in this we have a valuable new therapeutic agent. Recent investigations indicate that potassium salts, especially the bromide, exert a specific influence on the nutrition of the uterus. The potassium compounds do not manifest this control in an equal degree; the bromide, carbonate and chlorate rank highest in this quality; to these may possibly be added the chloride, a little used salt, but exhibiting the potassium characteristics peculiarly well. Dr. Hawkes, of Liverpool, has directed attention to the fact that gold will cause absorption of the pelvic exudation so often seen in puerperal and other lesions. The specific action of gold on new hyperplasias of connective tissue of the uterus is well known; and Mr. Burford believes, that in a chemical combination of potassium and gold, we are likely to have a drug more completely corresponding to the tissue changes in sub-involution and its correlated lesions than in either gold or potassium separately. He has not been able to find any provings of potassium chloride; this is somewhat remarkable, as this salt is one of the most active of the potassium compounds.

A similar combination of the most frequently used halogen potassium salts with gold further suggested itself. Between the therapeutics of iodide of potassium and gold there exists in some respects so striking a similarity as to suggest an especial fitness in their union in a new salt, the double iodide of potassium and gold. Especially in the late specific lesions, as well as in neoplasms, both benign and malignant, this remedy may find some useful vogue. In the remaining member of the new series, the double bromide of potassium and gold, it is expected to find a valuable addition to our uterine remedies.

Mr. Burford has made arrangements for a proving of these new remedies, and an early report to the British Homœopathic Society is promised.

SOME USES OF THE ALKALOIDS—ACONITINE, DIGITALINE, AND HYOSCYAMINE.—Dr. S. Morisson calls attention to the liability of matrix tinctures to change, and attributes the prominence of the alkaloids in modern practice to their greater stability, uniformity of strength, and convenience of administration. Exponents of dosimetry claim to subjugate acute disease at its outset by the use of these alkaloids, especially aconitine, veratrine, and digitaline. Dr. Morisson reports that for over ten years it has been his practice in the specific fevers, whenever the temperature touches 103° F., to administer grain doses of a 1.1000 trituration of aconitine for four or five doses. The indication for the stoppage of the medicine is the outbreak of profuse perspiration; then the temperature falls steadily, usually about 2° within twelve hours. Should it again rise, an occasional dose will bring it below the danger-point.

Of digitaline, he uses a trituration in the strength of 1.100 in doses of from one to two and a half grains. In cardiac affections marked by intermittency, and in exophthalmic goitre, this has served him well. In chronic cases of the latter he uses one drop of the matrix tincture of belladonna morning and evening, with a two and a half grain dose of the trituration at midday.

His trituration of hyoscyamine, in the strength of 1.1000, he recommends, in delirium tremens, in doses of from one to five grains. He reports a case of scarlatina anginosa in which, after belladonna had checked formation of membrane, night restlessness became a marked feature. Four grains of this trituration of hyoscyamine were dissolved in two-thirds of a tumbler of water, one dessertspoonful being given every two hours during the night if wakeful. The restlessness soon ceased, sleep came, and a rapid recovery was the result. Twelve years ago he saved the brother of this child, under similar circumstances, after the case had been pronounced hopeless by two allopathic doctors. The dosimetric granules, containing each a quarter of a milligramme (260th of a grain), are sometimes of great use in relaxing spasm, as in spasmodic retention of urine, and for strangulated hernia.

Dr. Morisson relates the case of a patient of his who had suffered for many years from umbilical hernia, which at times became fixed. When ninety years of age,

one day it became very intractable, not yielding to taxis even with the hot bath. Finally, granules of hyoscyamine were given at five-minute intervals, taxis being gently continued; and after the eighth dose the hernia slipped quietly back.—*Journal of the Brit. Hom. Soc.*, October, 1894.

COLLINSONIA CANADENSIS.—Dr. Kroner, of Potsdam, Germany, read a paper before the Berlin Homœopathic Society on this remedy. He points out the connection of nearly all the conditions which are curable by this drug, with hæmorrhoids. The stool is nearly always costive though this may alternate with diarrhœa. The characteristic headache is often observed in persons affected with hæmorrhoidal affections. Hæmoptœ after suppression of a hæmorrhoidal discharge has been reported cured by collinsonia. The disorders of the female genital tract are probably dependent upon passive congestion. In cardiac affections in hæmorrhoidal subjects it is to be thought of and especially in cardiac neuroses of these same patients. It has been found of service in vesical catarrh when in connection with hæmorrhoids. Its action seems to be centered upon the vascular system and especially the veins, though its efficacy is not limited to these alone. It has been often employed instead of arnica in the treatment of extravasations of blood from the capillaries. It resembles hamamelis in its influence upon the venous system and sulphur, nux vom., æsculus aloe, lycopodium upon hæmorrhoids; there are no special differentially diagnostic symptoms in the choice of this remedy so that it might be advised when the usual ones fail.—*Zeitschrift des Berliner Vereines Homœopathischer Aerzte*, Bd. XIII. Hft. V. 1894.

THE PROVING OF URANIUM NITRATE.—In the *N. A. Jour. of Hom.* for November, 1894, there appears an instalment of Dr. A. R. McMichael's report on the recent proving of uranium nitrate under the direction of the N. Y. Homœopathic Materia Medica Society. The proving was carefully made by five provers—three males and two females—all of whom were ignorant of the name of the drug they were taking, and the examinations were made by two specialists in each department. The most interesting feature of the pathogenesis presented is that, although in the experiments on animals sugar appeared in the urine of seven out of nine, and albumin in all, in the provings neither sugar nor albumin was found, although large quantities of the drug were taken.

TREATMENT OF DROPSY.—Dr. S. H. Starbuck summarizes the indications for homœopathic remedies as follows:

Apis.—Absence of thirst, but sometimes there is great thirst; general stupor and prostration; bruised feeling of abdominal walls; pains sudden, stinging; parts sensitive to touch; the stools may be involuntary on every motion, and the urine almost entirely suppressed and loaded with casts.

Apocynum Cannabinum.—Stomach very irritable; thirst great, but drinking causes distress. Its chief use is in dropsy dependent upon disease of the liver.

Arsenicum Album.—General dropsy; weak heart; kidney disease, acute or chronic; urine scanty, but sometimes thick and foetid; stomach and bowels irritable; great thirst; pains burning in character.

Cactus Grandiflora.—Cardiac dropsy; inability to lie down; feeling as if the normal action of the heart was prevented by an iron band.

Digitalis.—The pulse is always feeble and irregular, feeling as if the heart stood still; constant desire to take a deep breath. Useful in nephritis after scarlatina.

Squilla.—Cardiac dropsy; pulse slow, weak; cough spasmodic, feeling if started from pit of stomach; the skin dry and harsh.

Scoparius.—Renal dropsy due to insufficient arterial tension. It should not be given during the progress of inflammation of the heart, but is used with advantage in chronic parenchymatous nephritis.

Terebinthina.—Renal dropsy; kidneys inflamed; dull, burning pain extending to bladder; urine bloody; constant tenesmus.—*Southern Journal of Hom.*, October, 1894.

RELATION OF CUTANEOUS ERUPTIONS AND INTERNAL DISEASES AND THE INDICATED HOMŒOPATHIC REMEDIES—Dr. Goullon, of Weimar, Germany, in an interesting little article refers to this formerly much more appreciated doctrine of the interrelation of cutaneous eruptions and internal affections. He cites a case of difficult hearing in a young man following an inflammation of the middle ear which was cured by graphites 1c. An eczematous patch reappeared behind the corresponding

ear and the hearing was gradually restored. Graphites, as is known, has a specific influence upon eczema in this situation. As soon as such an eruption comes forth it is advisable to discontinue the remedy or the eczema might become too much developed. Altschul also treated a man who suffered from hæmorrhoids and who was afflicted with gastralgia and frequent vomiting; an eczematous eruption had been suppressed in some way. After several doses of graphites 1c., the eruption reappeared and his gastric symptoms disappeared gradually. Cases of vicarious epistaxis from suppression of a hæmorrhoidal discharge have also been cured by graphites. The relation of crural ulcers to mental affections has often been noticed by alienists of various times. Homœopathy offers a number of remedies for these metastases. Calcarea carbonica is one of the principal ones; to this may be added sulphur, graphites and silica. He treated a case of chronic tracheal catarrh in a child of eighteen months; allopathic treatment was all to no purpose. Pulsatilla and calcarea carbonica improved the symptoms greatly. A cold brought a short lasting relapse. After this a suppurating lymphatic gland developed when the child became bright and healthy while the catarrh disappeared completely. Besides graphites, sulphur is endowed with therapeutic powers in these metastases. Cutaneous crises are quite prone to appear in diseases where sulphur is indicated. The aggravations observed during treatment of a cutaneous affection with this remedy are also to be ranged under this heading. Hammering toothache after a suppressed eruption indicates this drug; neuralgia after their suppression; suppression of menstruation, with congestion of the head. In the treatment of scabies with sulphur internally Hahnemann has called attention to an aggravation which sulphur is capable of producing where the eruption greatly resembles the itch.—*Leipziger Populære Zeitschrift fuer Homœopathie*, Nos. 17-18, 1894.

LACHESIS IN THE INTERMITTENT FEVER OF HOT CLIMATES.—Dr. Gallavardin, of Lyons, reports to the *Homœopathic World* (October, 1894), the case of a young soldier who had contracted in Tonquin attacks of intermittent fever which had persisted after his return to France. After the failure of all the usual remedies, he had been sent to pass two or three months at the military hospital of Vichy. The attacks of fever still continued to appear every fifteen or twenty days, and Dr. Gallavardin was consulted. He gave five doses of lachesis 200, to be taken, each dose singly and undivided, every ten days. They cured completely that intermittent fever which had persisted for more than a year. He treated and cured in the same manner with lachesis 200 three other young soldiers who had contracted intermittent fever in hot climates. A fifth subject was not cured because he remained in the south of Algiers, or because he had not taken the remedy as directed.

HERPES ZOSTER FROM ARSENIC.—Dr. Neilsen, of Copenhagen, reports that from 1864 to 1889 in the City Hospital of that city 777 patients were treated for psoriasis of which 557 received arsenic for a longer or shorter period; of these ten were affected with herpes zoster and only amongst those receiving arsenic. Four of these were males and six females eight were from eight to twenty-two years of age and forty to forty-six years old. Seven times the eruption was dorso-pectoral, twice dorso-abdominal and once lumbo-femoral. The disease was always one-sided and only a few times complicated by neuralgia. The eruption pursued the regular course of zoster and does not recur even if the treatment be continued.—*Archiv fuer Homœopathie*, No. 8, 1894.

MERCURIUS CORROSIVUS IN TRICHOPHYTOSIS.—Dr. Oscar Hansen, of Copenhagen, was consulted by a merchant of forty-five years, who denied syphilis and former skin diseases. His scalp was covered with small and dark brown pigmented spots, which were both discrete and confluent in large plaques of the size of one's hand; the hair was normal and not to be easily extracted. No desquamation nor itching. The eruption macular. His general health good. Merc. corr. 2c, was given in solution, five drops three times a day, with a sublimate solution (1:5000) externally. In fourteen days the pigmented spots had nearly all disappeared, and he was given sulphur 2c, five drops morning and evening, and locally a salve of sulphur and lard (1:10). In a month after he was entirely free from any eruption. In this parasitic affection he regards a mercurial preparation, followed by sulphur, as the most certain treatment.—*Maanedskrift foer Homœopathi*, No. 9, 1894.

THE HAHNEMANNIAN MONTHLY.

MARCH, 1895.

AN INTRODUCTORY LECTURE TO A COURSE OF LECTURES ON HOMŒOPATHIC MATERIA MEDICA AND KINDRED SUBJECTS.

BY PROF. C. G. RAUE, M.D., PHILADELPHIA.

(Given under the auspices of the Hahnemann Club, Philadelphia. Delivered January 28, 1895).

HAVING been kindly invited by the Hahnemann Club to initiate a series of lectures on materia medica, I could not refuse to accept this honor since the subject matter of these lectures will concern the foundation and up-building of our beloved, holy art, to apply the provings of drugs on the healthy to cure the sick.

Once upon a time some of us were young, but we have grown old in the course of years. At that time we sat at the feet of our teachers eagerly listening to what they said, for it came from the heart. *Then* it was a time of high tide. The wild waves rolled over the deep waters and brought glorious tidings of a new method in the healing art. The news filled the hearts of men with joy and enthusiasm.

“Yes! yes! There is something greater
That speaks to the heart alone,
The voice of the great Creator
Dwells in that mighty tone.”

It is the divine truth that takes root in the souls of men after it

has been sown by the elect who were destined to find and to spread it by hard labor and work. And what was the divine find? The divine find was a simple law of nature, which reformed the entire method of the healing art—the law, *Similia Similibus Curantur*.

This law is as old as nature itself, and for that reason it is a *divine law*, and it has been felt instinctively by men of all ages who stood in close connection with nature long before the educated mind was capable of formulating its meaning into the sentence: That in the fight with disease what seems similar to the complaint in external appearance or internal action is the healing agent, and thus the superficial *signatura rerum* became a guiding star in the earliest times of human development.

It is false to say that the founder of our school has ever asserted that he was the discoverer of the law of *similia similibus curantur*, and I will show you this by his own words.

He says on page 74 in the fifth German edition of his *Organon*: “Indeed there have been physicians from time to time who had pre-sentiments that medicines, by their power of producing analogous morbid symptoms, would cure analogous morbid conditions. The following quotations,” he continues, “which I make from authors who have had inklings of homœopathy, I do not bring forward as proofs of a really founded homœopathy, which is sufficiently firm in itself, but for the sake of escaping the accusation as if I had ignored them purposely in order to secure for myself the priority of the idea.”

And now he goes on as follows: “The truth of homœopathy has been felt and expressed not only by physicians so far back as Hippocrates, but also by physicians of later times.” Thus he mentions Bouldue, Detharding, Bertholon, von Stoerk and most especially *Stahl*, a Danish military physician. The special expressions of each of these men may be found on page 74 in the fifth German edition of his *Organon*, all of which shows clearly from his own statement, that *Hahnemann did not claim to have originated the idea of healing by similars*. What he did claim was this: “This homœopathic way of healing has thus far been taught by no one, no one has carried it out in practice.” (*Organon* fifth German edition, page 62). And we may go still further and admit also that Hahnemann did not originate the idea of proving medicines on the healthy organism. He states it himself expressly in a footnote on page 175 of his *Organon* in this wise: “Not one solitary physician in the last twenty-five hundred years, as far as I know, has hit upon this so natural, necessary and

only true method of *proving* drugs on the healthy body, in order to ascertain what kind of morbid conditions each medicine is capable of curing, except the great immortal *Albrecht von Haller*, who says in the preface to the *Pharmacopœia Helvetica* (1771): "At first namely the remedy has to be tried (*proved*) on the *healthy* body *without any foreign admixture*. After exploring its odor and taste, a very small dose of it has to be introduced, and all affections which may belong to it have to be noted, the pulse, the heat, the respiration, the excretions have to be attended to. Then in accordance with the course of the phenomena observed in the healthy body, you may proceed to experiments in the diseased body."

"He alone and myself," continues Hahnemann, "have recognized this necessity, but *nobody* else, not even a single physician minded or followed ever his invaluable hints."

This proves clearly that Hahnemann did also *not* claim the priority of the idea of proving medicines on the healthy organism. But what he did claim is this: "This way of proving medicines on the healthy organism in order to ascertain their power of healing, *I was the first to pursue with perseverance*, prompted by the perfect conviction of the great and beneficent truth, that human diseases can only be cured with certainty by means of the homœopathic administration of medicine.

"The first part of these researches I have laid down in my *Fragmenta de viribus medicamentorum positivis, sive in sano corpore humano observatis*, the riper researches in the *Materia Medica Pura and in the Chronic Diseases*."

Now, gentlemen, if it was *not* that the idea of the similars had crossed Hahnemann's mind, and had been taken up by him as a lucky find, because it had existed instinctively since creation and the evolution of men, and that even the necessity of proving had been broadly suggested by Albrecht von Haller, in 1771, before Hahnemann's life-work was begun, why was it that in the two and a half thousand of years since medical art had been practiced already with great zeal and searching spirit, not *one* of the many thousands of physicians took up nature's law gleaming instinctively in the minds of men, and by some even formulated, before Hahnemann? This question can be answered only by a knowledge of Hahnemann's life of study *before* his great reformatory work began, and that life consisted of great toil and work in all branches of science pertaining to medicine, which led him gradually to the first great step he made on his way to the discovery of homœopathy, namely, to avoid all med-

dlesome interference in disease, and *administer only one remedy at a time.*

Already, in 1784, in his "directions to cure old injuries and foul ulcers," he recommended a *simple* treatment, and speaks against the botching of contradictory prescriptions, and to Monro's recommendation of a complicated treatment of indurations of the liver (Monro II., 288, 1791), he asks: "What did really cure in such cases? So long as we do not employ a single remedy alone and continue it for a time and observe closely the concomitant circumstances, the regimen, etc., in each single case, our materia medica will remain for a long time a medley of suppositions, truth and fictitious inventions."

"Dare I confess," he says in his celebrated article of 1796, "that for many years I have never given anything but a single remedy at a time, and have never repeated it till the first dose had exhausted its action—a venesection alone, a purgative alone—always a simple, never a compound remedy; never a second until I had got a clear notion of the operation of the first? Dare I confess, that in this manner I have been very successful, given satisfaction to my patients, and seen things which otherwise I never would have seen?"

And it was this first step and the conscientious application of this rule he laid down for himself, "*never to use in any case of sickness more than one remedy at a time,*" that led him to open the rich mine in which, for hundreds of years, buried beneath the rubbish of mixed prescriptions lay those treasures which he left us in his classical works, the *Materia Medica Pura* and his *Chronic Diseases*.

Upon this rock is founded *homœopathy*, and it will stand and thrive there until it conquers the world.

The ingenious mind that conceived it, and the hard-working mind that dug it out and formed it for general use, for daily use and never-failing use, if rightly applied, was the great mind of our master, *Samuel Hahnemann*.

The waves ran high in Germany. Hahnemann had already undergone a great fight with the learned and unlearned, and notwithstanding the wicked persecutions which drove him from place to place, amidst need, privation and turmoil he had finished, by 1828, *Die Chronischen Krankheiten* (Chronic Diseases) as the crowning work of his wonderful discoveries in medical science, and the finishing stroke of his medical reformation.

At that time but little had been heard of this great reformatory work on this side of the water. But in the year 1825 there came from Sweden an enthusiastic friend of the new medical method, *Dr.*

Gramm, who established himself in New York and soon made a number of friends to homœopathy, who were scattered all over the country. About a year later, another young man was sent by the Saxon government as a naturalist to explore the fauna of South America. With his companion and friend, Dr. Weigel, who was a botanist, he went to Surinam, and there, in a Moravian colony, besides his work in the zoological department for the government of Saxony, he also practiced homœopathy, "for," as he said, "I owed to it far more than the preservation of a finger." To Hahnemann, who had saved my finger, I gave my whole hand, and to the promulgation of his teachings not only my hand but the entire man, body and soul."

This young man was *Dr. Constantine Hering*. He remained in Surinam nearly seven years. In that time he was in lively correspondence with Dr. Stapf, who, with Dr. William Gross, was one of the first two disciples of Hahnemann, and who edited for a number of years the *Archives of Homœopathic Medicine*. To that periodical Hering contributed for years a number of observations in homœopathy and provings, which he made with South American drugs, the most important of all, a beginning of *Lachesis*.

While there he also instructed a student, Dr. Bute, in homœopathy, whom he sent North at the time of the outbreak of cholera in 1832, while he himself went among the lepers who were colonized in the vicinity of Surinam, and by his observations in treating this disease homœopathically enriched the therapeutics of that dread disease; he penetrated into the tropical forests among the wild Arrowackian Indians, where he discovered the healing virtues of the poison of the Surukuku, our *lachesis*, by proving it on his own person, and of a number of other hitherto unproven drugs. He was greatly beloved in the Moravian settlement, and many efforts were made to keep him there as a physician, but his hopes of finding a wider field for homœopathy, and his love of personal liberty, of freedom of speech and of thought, drew him naturally toward the United States of North America. The ship in which he undertook to go was bound for Salem, in Massachusetts, but after going ashore upon the Rhode Island coast, she finally put into Martha's Vineyard. Here Dr. Hering landed on a beautiful Sunday morning in the month of January, 1833. On January 1, 1834, on his thirty-fourth birthday anniversary, he was waited upon by a committee from the "*Homœopathic Society of Northampton and Counties Adjacent*," consisting of Drs. Wilhelm Wesselhœft, H. Detwiller and J. Romig, to confer with him on the establishment of a homœopathic school of in-

struction. The result of this consultation was the establishment of the "*North American Academy of the Homœopathic Healing Art*," to be located at Allentown, Pennsylvania, with Dr. Hering as President and principal instructor.

Now came the time, as I said before, the time of high tide. The waves rolled over the deep waters and the glorious tidings of the new healing art filled the hearts of men with joy and enthusiasm. The elect who were destined to spread the truth had arrived and were hard at work to sow it broadcast over the land, over our blessed country, blessed by its freedom and virgin soil, ready for any kind of progressive development. From a handful of good and earnest men the science of homœopathy spread like wildfire from the great centers of learning to the smallest country villages, and where there was no administering homœopathic physician, there at least Dr. Hering's little Hausarzt carried its blessings to the farthest corners of civilization, even into the blockhouses of the West. The voice of the great Creator dwelt in that mighty tone. It was the divine truth that took root in the souls of men, and caused an enthusiasm which increased the small number of homœopathic physicians to thousands in a few years—and amongst them all we see during a whole lifetime the towering figure of one enthusiastic man, CONSTANTINE HERING, who has rightly been called *the father of Homœopathy in America*.

Although in the year 1842 the enterprise of the Allentown Academy was discontinued, and Dr. Hering had returned to Philadelphia, his earnest endeavors to promote the Hahnemannian therapeutics never lost in zeal and untiring industry. In 1844 he was at the head of the organization of the American Institute of Homœopathy and its first president, and although it was composed at first of but few ardent converts, he lived to see it grow to embrace many hundreds of members. And great has been the effect of this association. We all know how effectually it has battled with the dominant side of medical doctrines, even changing the old ways into new byways never trodden before, and deserting the ways that were halloved by the age of centuries. The new way of giving relief to and of curing patients long given up as incurable in the old way, challenged the endeavor of hunting for palliating and specific remedies.

All the talents of chemical science were put in operation to discover new remedies, to either cure as brilliantly as the homœopathists did, or to give the most instantaneous relief to sufferers of acute pain. Truly and surely these were most laudable efforts of genius.

And had this not been the same aim of the efforts of Hahnemann, Hering and at least the greater portion of homœopathic physicians? Certainly it had. Was it not the whole secret of their amazing success?

Hahnemann by creating an entirely new materia medica, and Hering by continuing this work and adding new provings of a great number of American remedies, laid not only the foundation stone to the new science—but finished a magnificent structure of science which rested upon a law of nature. They gave us facts and it will take more than doubting and belittling the magnificent work of our materia medica, to destroy it. This doubting was commenced in Europe, and it ended in confirmation by reprovings; this doubting limped over the big waters, and after long talks, loud noises, exciting debates—it ended in more and greater works on the materia medica, in encyclopædias of materia medica and cyclopædias of drugs, in condensed materia medicas and lectures on materia medica, in practical applications of materia medica for daily use in hospitals and in the daily practice of homœopathic physicians—all the time growing, growing, and confirming again what had been confirmed a thousand times before.

But truly, that was too much for some of us. It is all very nice to have such a mass of experiments in books, but who can carry it all in the head? Nobody, said many. Let us try an easier road. Why bother about symptoms, when a simple subcutaneous injection of morphine will quiet the most violent pains like magic? Why bother with the difficult task of selecting the indicated remedy in a difficult case of intermittent fever, when a saucy dose of quinine will stop its periodical recurrence at least for a time? Why bother with so many indicated remedies in acute rheumatism when a brisk application of salicylic acid will sweep it away? Why bother with the whole and endless list of homœopathic remedies when a smart purgative will clear the road and induce doing a fine business? And so on, on the road of easy routine. It is an easy and convenient road to travel, but certainly very far away from homœopathy. It may be classed under the banner of "*regular practice*," but it is surely no homœopathy. It may help sometimes a poor fellow out of a scrape, but it may lead him much oftener into a ditch, into a quagmire out of which there is no road towards a later cure.

All I wish to succeed in is to save my young friends from falling into the snares of a seemingly easy practice, a "*regular practice*," that is a practice, as the term implies, governed by *rules* and not by *law*.

And this is the reason why I have spoken of the great and successful work of Hahnemann and Hering, their life's work, leaving us a materia medica which forever will be the sure means of relieving the sufferings of mankind.

COLCHICUM IN GOUT.

BY RICHARD HUGHES, M.D., BRIGHTON, ENGLAND.

In the article on "Lithæmia," published in the June, 1894, number of the *HAHNEMANNIAN MONTHLY*, Dr. W. S. Searle writes as follows: "Hughes boldly claims that because colchicum cures or relieves gout it must be homœopathic. I must confess that I am not so unreasonable." I have been endeavoring, in private correspondence, to show my esteemed friend that I have not been so (rashly) "bold" or so "unreasonable" as he thinks. Having failed, however, to convince him, I feel bound, in justice to myself, to disclaim the assertion he has ascribed to me; and as the point is one of general interest, I venture to trespass somewhat on the space of the *HAHNEMANNIAN* for the sake of its discussion.

In quoting me, Dr. Searle is plainly referring to my *Manual of Therapeutics*. Well, this is what I have there written: "Although the associations of the medicine are allopathic, its character is far more of the homœopathic order. It is admitted now that its evacuant operation is needless to the obtaining of its soothing effects. Watson, indeed, calls it an 'anodyne;' but he must be speaking of the result of its administration, not of its *modus operandi*. It has confessedly no stupefying power over the brain, or benumbing action on the nerves. It seems, therefore, to be one of those remedies which are classed as 'specific,' and I claim all such remedies for the school which inscribes *εμολος* as opposed to *αλλοιτος* on its portals. Observe, then, that what I claim is not that "because colchicum cures or relieves gout it must be homœopathic," but that because it cures or relieves *specifically* it is so. This is surely a different thing, and is not to be dismissed by calling it "unreasonable." Specifics, like other remedies, must cure after one or other of Hahnemann's three possible methods—the antipathic, the allopathic or the homœopathic. My contention is that they in general, and colchicum among them in particular, belong to the last named category.

And now for the evidence:

1. The term "specific" is a well recognized one for a class of remedies which cure, as Sydenham says, "without evacuation," or, as the late Professor Henderson puts it, which "produce their curative effects without derivation or evacuation, by acting quietly and secretly on the immediate seat of the disease, and no other part." The search for such medicines (of which bark for intermittents is the standing type), had been urged by Bacon and Sydenham and practiced by Paracelsus, von Helmont, Bœrhaave, von Swicken and von Stoerck; and when Hahnemann came to advocate *similia similibus* as the guide to cure, he saw at once that the remedies so arrived at were specifics. "Now 1796 to 1808," writes Dudgeon, "he employed almost exclusively the word *specific* to designate his system, and only after the latter date we meet with the term *homœopathic*, but often in combination with specific, as *specific-homœopathic* or *homœopathic-specific*."

But it may be said, although similar medicines are doubtless specific, it does not follow that all specifics are similars. They may act "quietly and secretly on the immediate seat of the disease," and yet may do so after an antipathic manner. Doubtless, and this was the reason why, in the passage Dr. Searle has referred to, I have used ἡλλοῖος and not ἐναντίος as the opposite to ὁμοίος. It is well known that many excellent homœopathists maintain that the similarity of our remedies is phenomenal only; that, though arrived at by the law of similars, their inner action is that of contraries. Some explain this by the primary and secondary actions of drugs; some by the opposite effects of large and small doses; but all of them agree in the main thesis. It is no argument, therefore, against the claim of specifics for homœopathy to say that they act antipathically. The only question is—have they been, or could they have been, arrived at by the rule "let likes be treated by likes?" Hahnemann's original experiment demonstrated this in respect of bark and ague, and I believe that corresponding experiment and observation will show the same thing for all specifics which are truly such, and whose action is not otherwise explicable in the light of later knowledge.

2. How, then, is it with colchicum? Its virtues in gout were doubtless discovered empirically before *similia similibus* had become operative as a working principle. But might they have been arrived at by Hahnemann's method? does the drug inflame joints as the gouty poison inflames them? When I first examined this question I knew of no facts that supported such a contention; and was com-

pelled to the conclusion that colchicum acted upon the affected joints "as a specific, indeed, but antipathic remedy, just as gelsemium influences a painful uterus."* But further evidence has since come to light. In Stoerck's experiment on himself, which forms No. 18 of the provings in the *Cyclopædia of Drug Pathogenesis*, we read of "short lancinating pains in the joints," and in No. 9 of the poisoning cases this action was still more marked. "All joints of fingers and toes, and also wrists and ankles, were very painful, and toes and fingers were painfully flexed at times. Pain in shoulder-joints succeeded, and on Saturday in hips and loins. It also increases in intensity, so that she said she thought she would go mad. Ultimately almost all the bones and joints were affected with pains, which were of a gnawing, dragging character." In No. 8 also, where seventeen persons drank from a bottle of vinum colchici, "severe pains were felt in knee-joints in some, and in two cases were very marked in left shoulder." These instances suffice to show that the undoubtedly irritant properties of colchicum can show themselves in the joints. It is as surely as admissible to believe that in gouty arthritis these properties are exerted, homœopathically, as to suppose that the general depressant influence of the drug on the circulation is localized in the affected joints, whose inflammation it thus removes antipathically.

This is admittedly only an outline of the argument. The question seems to me of so much importance that I propose to bring it before the International Homœopathic Congress, to be held in London in 1896, when I will endeavor to marshal the facts and considerations in fuller detail. I hope, however, that I have said enough here to vindicate myself from the audacity and unreasonableness my friend ascribes to me, and to suggest that there is much to be said for the thesis that in relieving acute gout with colchicum we are moving on homœopathic lines.

THE ELECTRICAL TREATMENT OF RHEUMATISM.

BY WILLIAM HARVEY KING, M.D., NEW YORK.

(Read before the New York County Homœopathic Medical Society November, 8, 1894.)

IN this paper I shall consider articular rheumatism, acute and subacute, rheumatoid arthritis, sciatica and the so-called muscular rheumatism.

* See in my *Pharmacodynamics* of 1867, p. 237.

With the inflammatory stage of articular rheumatism I have nothing to do. I know that some have claimed marked success with the faradic current of tension. I must admit, however, that I have never derived permanent benefit from treating any acute inflammatory affection with this current. It is admitted by its advocates that it cannot be demonstrated that the faradic current of tension contracts the bloodvessels or in any way relieves the congestion permanently, or, for that matter, temporarily; but that it produces a temporary anaesthesia which, at the best, is of short duration.

The time for electrical treatment to begin in acute inflammatory rheumatism is when the inflammation has disappeared. There comes a time in the history of these attacks when the temperature falls to one or two degrees above normal; when the excessive sensitiveness disappears to such a degree that a slight even pressure may be borne on the sensitive parts, such as the pressure of the electrode; the swelling decreases; the pain is but little when the limb is kept quiet, but painful when the joint is moved. If the previous inflammation has been slight and of short duration, so there has been no plastic deposit, or there has been no destruction of the tissues of the joint, recovery will follow rapidly under good hygienic conditions and the proper medical treatment, electricity not being called for. But it is in those cases where such a happy termination does not take place that electrical treatment should be used. It is here that we need the action of the galvanic current to break up the deposit into its several constituents, the atoms of which are rearranged to form new molecules and thus become absorbed. We need, also, the catalytic action of that current, no matter what that may be, whether it be on Remak's theory, its oxygen-producing power, or its action on the red blood corpuscles, to increase the nutrition and to repair the waste the inflammation has produced. We also need the stimulating effects on the shattered nerve filaments, bringing them back to their normal action and thus relieving the pain. Faradism and Franklynism may possess some of these qualities, but I believe they are lacking to a degree in all, and in some of the most important their action is *nil*.

The technique in the treatment of these cases is important. To simply pass a current through the affected joint, irrespective of the strength and manner of its passage, is not sufficient. As the knee is the most common joint attacked by rheumatism, we will take it to illustrate the treatment. If the joint is very sore and tender, it

is best to pass a current from above to below the joint. This is done by placing the large, flat, positive electrode about six to eight inches above the knee, and with a flat hand-electrode begin six or eight inches below, and give labile applications up over the knee, such treatment to continue for from eight to ten minutes. These treatments may be given daily or every other day, using from five to ten milliamperes.

It will be found that the excessive soreness and tenderness will decrease rapidly under this treatment, and after about a week or two, at most, treatment can be given direct through the joints. For this it is necessary to use large electrodes, so that quite a large quantity may be passed, and also that it may be distributed through the joint. It is necessary that the electrodes should be thoroughly wet in hot water and applied to the knee a minute before the current is applied, so that the skin will become moistened, allowing it to pass smoothly and evenly through the joint. In order to keep the electrodes warm, a large bath-towel should be passed around the knee and electrodes. It is best to begin the first treatment with about eight to ten milliamperes, but as the inflammatory symptoms disappear, fifteen to twenty milliamperes may be passed. The current should be given stable for ten minutes, then labile applications for a few minutes over the joint, using the negative electrode, the positive being placed on the thigh above.

I do not believe we have ever appreciated the treatment of the tissues immediately surrounding the diseased area. It is very essential that the bloodvessels be acted upon through the vasomotor nerves at these points, so as to equalize the circulation and increase the nutrition to the parts. When there are several joints affected, or in that chronic subacute form where there is some constitutional element involved in the cause of the rheumatism, local treatment is not all-sufficient. Here, along with the local treatment, as given above, should be considered of as much, if not more, the importance of general treatment for the constitutional defects. It is here that general faradization is of great importance, or, better still, the static application. I use first the static spark along the spine, which, of itself, is a great tonic to the nervous system. I then proceed to give over all the muscles, joints and periphery of the body in general what I shall term the static spray. It is between what is generally described as the static breeze and the spark. It is obtained by thorough insulation in the first place, and, second, by direct connection of the body with the machine, and, third, by using a large

accumulative electrode, one that has a large surface to collect electricity, when it is forced over the point in a spray instead of a breeze, as with the ordinary pointed electrode. This has a greater invigorating effect than does the breeze. The general constitutional symptoms will be found to greatly improve under this treatment. The pallor disappears and a ruddier complexion takes its place, showing its good effects on the blood, appetite improves, the nervous system becomes stronger, muscular strength is increased, showing an increase in nutrition, and along with this improvement the rheumatism will disappear.

When we come to the disease known as rheumatoid arthritis, success has not been in previous years very marked; however, with improved apparatus, we are able to do something with it.

Dr. Frank A. Gardner exhibited an electrode at the last meeting of the National Society of the Electro-Therapeutists, with which he claimed to have marked success in this disease. It consists of a glass jar, which has a metallic plate on the inside, with a connection for attaching the rheophore. This he fills with clay, which he keeps in a semi-solid consistency. In this he thrusts the fingers, and allows a strong current to pass for some minutes. I have had but little experience with this method. I would suggest an improvement on it, by painting the skin just over the nodules with iodine, thus decreasing the resistance at that point and causing a concentration of the current on the nodules direct, at the same time the surrounding tissues receiving a sufficient amount to influence the circulation.

There is no disease that has baffled the profession more than sciatica. I include it here as it is commonly classed as rheumatic. I believe that the static induced current is, perhaps, the best of them all to remove excessive sensitiveness and soreness in nerve-tissue when there is but slight, if any inflammation. Therefore, of those cases of sciatica which are so excessively acute, and where the limb is so excessively sore and tender, it would undoubtedly be the best; but it is practically debarred in these cases on account of its non-transportability. We must, therefore, rely upon the fine-coil faradic current or the galvanic. My own preference is the latter. The large negative electrode should be placed over the region of the nerve, and with the positive attached to a hand electrode, give stable currents on the sensitive points. A current of five to ten milliamperes is given on each one for from three to five minutes. It will be found that this relieves the excessive acuteness of the pain, so that the patient can get out and come to your office, when the

static battery should be used ; for it is certainly far superior to any other form of electricity, and, I believe to any other treatment.

Last winter I treated nine cases of sciatica with static electricity, eight of the nine being perfectly cured, and, in my opinion, the ninth could have been had there been more time given to the treatment. With two exceptions, these cases were of over three months' standing, one being of eighteen months' duration and all of the severest type. These cases had gone through various courses of medical treatment, from the legitimate rheumatic specialist to a clairvoyant, who doctored from a lock of the hair. Furthermore, not one of these cases, to my knowledge—and I am sure I would have known it had it occurred—has had a relapse. Limbs which were shrunk filled out to the normal size, and those which were so weak that they resembled paralysis, regained their normal strength.

The method of treatment is to begin with the breeze, and gradually increase in severity until a strong spray is given. It is seldom necessary to use the spark, but if a case should, after being nearly cured, have a few pains hanging on with great persistency, the spark may be resorted to.

When we come to muscular rheumatism we undoubtedly reach the greatest field for electrical treatment. Here we have distinct indications between galvanism and static electricity. If there is great soreness and sensitiveness to the touch or pressure, galvanism or faradism, preferably the former, is indicated, but, on the other hand, if there is no such soreness and sensitiveness, as is usually the case, static electricity is indicated and will, I believe, be successful in at least 90 per cent. of the cases. The spray given for from fifteen to twenty minutes will be sufficient, except in those chronic cases, such as you generally find in the deltoid muscles, the spark will be required.

Now as to the method of cure of sciatica and muscular rheumatism: It is generally admitted, that muscular rheumatism is due to a lack of proper nourishment of the muscles for the work it is called upon to do, weakening the muscles so that any exciting cause may bring on an attack. The same is undoubtedly true of sciatica, pure and simple. When we consider the great power of the electric current to increase the nutrition, it is plain how its benefits are manifest. Take a case of muscular rheumatism, which is more or less generally due to a sedentary life allowing the muscles to become weakened from non-use. The proper treatment is to take exercise in the open air, nourish the patient well, and thereby improve the

nutrition of the whole muscular system. In such cases, bicycle and horseback riding, and other exercises are of much value.

There may be another case where a man is obliged to work hard and is under-fed, his whole system not being properly nourished for the amount of work which he is called upon so do. Here rest and full diet is needed.

There is still another class which is neither of the above. Some muscles have not been properly nourished from certain causes, while the rest are abundantly nourished. This is a case for electrical treatment to restore the proper nutrition to the muscles. I believe it is due to the fact that the increase of nutrition, which the electrical current produces, makes relapses after electrical treatment less liable to occur than is the case after other forms of treatment.

GLONOINE—NITRO-GLYCERINE.

BY WM. BOERICKE, M.D., PROFESSOR OF MATERIA MEDICA.

(A Lecture Delivered at the Hahnemann Hospital College, San Francisco, Cal.)

GLONOINE (nitro-glycerine) illustrates both methods of drug study and therapeutic application—that of the old school and that characterizing the new. Glonoine, as a medicine, has an interesting history. Introduced by homœopathy, and used by us for a generation, it was at length brought to the notice of the old school, which at once utilized its unique effects antipathically, and thus palliatively, and thereby certainly enlarged its therapeutic sphere. By studying glonoine we have, as it were, an object lesson in *materia medica* and its application to disease both according to *similia* and according to *contraria*. You can thus judge of their relative spheres and value. And we learn that both methods are useful and necessary in order to get at the whole therapeutic application of a drug; they complete each other. Admitting this, you will not fail to see that it is the homœopathist alone who avails himself of *all* the knowledge of a drug, while the old school rests satisfied with a few of its bold, crude and direct effects, and thus robs itself of the best and widest part of drug action.

Glonoine was introduced by Dr. Hering, in 1848, by being told by the discoverer, Sobrero, that even a very small quantity placed

on the tongue causes a violent headache of several hours' duration. This led Dr. Hering to investigate its action by proving the same.

Glonoine is a result of a mixture of glycerine with nitric and sulphuric acids in an ice-cold temperature. The name GL.O.NO. is formed, according to the custom of the chemists, out of the chemical formulæ denoting its composition.

If you take a 5 per cent. solution of glonoine or a drop of the 1x dilution, you will soon notice—say after 2-3 minutes—a *throbbing headache*, an increased pulse, full, bounding, large, rather soft, some 20-40 beats more than normal. With this some giddiness, fulness of head and heart and sense of constriction of throat. This will last from 1-4 or 5 hours.

This is seen from the glonoine provings. Thus, one person took, at 9 P.M., one drop 1x. In about half a minute perceived a throbbing of the temporal arteries, soon accompanied by severe throbbing temporal pain in both temples. In a few seconds more found the pulse increased from 60 to 100, and heart throbbing most violently and rapidly. In a minute or two warm, sickening sensation in chest and stomach; giddiness, especially on moving about, like seasickness. The throbbing in temples continued to increase for 10 to 15 minutes, then gradually abated.

And this from Dr. Murrell (old school): "Tasted moistened cork containing 1 per cent. solution. In a few moments experienced violent pulsation in my head; rapidly increased, and soon became so severe that each beat of the heart seemed to shake the whole body. Pulse over 100 and feebler. Pulsations tremendous; could feel the beats at the very tips of the fingers. The pen I was holding was violently jerked with every beat of the heart. Distressing sensation of fulness all over the body. I felt as if I had been running violently. The symptoms gradually subsided, though the splitting headache remained for the whole afternoon."

Dr. Field (old school) made his acquaintance with glonoine thus: "On the evening of Feb. 3, 1858, I was conversing with a homœopathic practitioner, when he mentioned a medicine which possessed peculiar and extraordinary qualities, some of which he described as having affected himself, though taken in very minute quantities. I laughed at his credulity, and offered to take as much as he pleased, upon which he let two drops of what he called the first dilution fall on my tongue. In about three minutes I experienced a sense of

fulness in both sides of my neck, followed by nausea, and I said, 'I shall be sick.' The next sensations of which I was conscious were uncertainty as to where I was, loud, rushing noise in ears, constriction around lower neck, as if coat were buttoned too tightly, followed by headache, decided feeling of sickness, etc. This lasted one half-hour. My friend told me that my condition gave him the greatest alarm; for he thought he had killed me. My head fell back, lower jaw dropped, stertorous breathing, etc."

Now, if we apply the therapeutic law of *similia* to this picture of drug effects, and especially to the finer disturbances obtained from the provings, we will find most satisfactory results. No remedy causes so quickly and violently such a severe congestive, throbbing and bursting headache. This results from increased action of the heart and arteries, the brain becoming irritated because the circulation is excited. Now, according to the law of similars, it ought to be homœopathic to certain forms of headache and congestions, and so, indeed, clinical experience finds it. Wherever there is a tendency to sudden and violent irregularity of circulation—to cerebral hyperæmia—then, whether due to excessive heat or cold, to strong emotions or mechanical jarring, suppression of menses or other hæmorrhage or excretions, there glonoine is the remedy.

The fulness and throbbing are intense; temples and top of head feel as if they would burst; head feels too large and full, vertigo, threatened apoplexy.

It is a capital remedy for the disturbance of the intra-cranial circulation, often resulting from menstrual suppression or at the menopause. This condition of cerebral hyperæmia or congestion will be expressed to you in many ways—usually as throbbing and fulness. Sensation as if skull were too small; every pulsation is felt in the head, shocks in the brain, synchronous with every pulsation of arteries. Brain as if moving in waves. Patient cannot lie on back because pillow would beat. Child screams with pain in head and cries "my head, my head." You look at it and see the throbbing, purple face, blood-shot eyes, heat in face, etc. You must learn to interpret symptoms as you cannot expect the patient to give you the language of the proving. The pathological condition is cerebral congestion and glonoine is your remedy. This being a homœopathic application now, you must give smaller dosage, otherwise great aggravation will set in.

It has proved the great remedy for sunstroke and for *sun headache* characterized by dulness, stupidity, emptiness and somnolence.

It is an excellent remedy in convulsions of children arising from cerebral congestion, especially in the incipient stages of meningitis in plethoric children and has checked puerperal convulsions where cerebral hyperæmia was prominent.

Headache begins with warm weather, lasts all summer, increases with the sun daily. Great sensitiveness to rays of sun.

Congestive headaches of men who work under gaslight steadily so that the heat falls on the head; typesetters, bookkeepers, etc., frequently associated with confusion and loss of memory.

Bad results from sunstrokes, can't walk in the sun, can't bear any heat on the head, must walk in shade. Here remember also *natrum carb.*

Violence and rapidity with which this medicine affects the head will individualize it. The violent congestion of the bloodvessels, violent throbbing of heart, intense heat of head, cold body and cold extremities. The throbbing of carotids, glassy eyes, loss of memory, falling and unconsciousness. Dizzy, falls, frothing at mouth, glassy eyes worse light, sunlight—such we meet with in epilepsy, in sunstroke.

Scant menstruation, is characteristic with congestion, head symptoms and chest symptoms. During the congestions to the head there are many sensations in the chest, dyspnœa, palpitation, suffocation, filling up of chest and neck. With these terrible headaches, the patient loses all power of recalling the names of objects, becomes dizzy and loses his way.

Supraorbital pulsating neuralgia. Retinal congestion, the results of exposure to a bright light. Violent action of the heart, distinct pulsation over the whole body, the number of beats greatly increased, feels the pulsations in the fingers. Effect of the shocks showing itself in sudden attacks of terror, so that he is afraid of going into the street. Mental confusion characterized by the loss of sensation of location—loses his way easily. In acute mania, with hot head and other cerebral congestion symptoms, especially when caused by long continuation of heat of sun, thought that he was the Almighty.

Bad effects of fright, fear, mechanical injuries and their later consequences. From having hair cut, here resembling *belladonna*.

Epileptic convulsions or other forms with cerebral congestions. During spasm he spreads his fingers and toes apart.

Epilepsy with great rush of blood to the head and vascular excitement generally. Confusion of ideas so that he can not tell where he was—familiar things seem strange.

The sphere of glonoine is *congestive states* of the brain produced by excessive heat or cold, sunstroke, exposure to bright light, suppressed secretions, especially menses, mechanical jarring, strong emotions. Of all these the relief it gives to menstrual disturbances of the cerebral circulation is most marked—especially in plethoric patients whose menses have become suddenly suppressed and then followed by the head symptoms. Localized congestion to head at climacteric—also in the congestive conditions of the brain incident to pregnancy. Fulness, tension, throbbing, bursting, worse shaking the head or moving the body, and is relieved by external pressure, but the patient cannot bear the head covered. The attack comes on suddenly, blood is felt rising up into the head; eyes and face red or pale and moist with glassy eyes, buzzing in ears.

Relation of Glonoine to the Heart.—It produces violent pains in the cardiac region towards the back, *fulness*, weight, pressure and heat in the heart with labored heart's action.

Palpitation with heat of face, quickened pulse and throbbing carotids.

Syncope with unconsciousness.

Blood seems to rush to heart and mounts rapidly into head. Sharp pains in heart. Alternations of head and heart symptoms. Violent beating of the heart as if it would burst the chest open with labored breathing. Pulsation in tips of all fingers. Throbbing and beating everywhere.

What is the explanation of these striking symptoms? Probably this, that glonoine acts upon the medulla oblongata by depressing the *pneumogastrics* and (2) the *vasomotor centre*.

You know that the pneumogastric nerve exercises an inhibitory action upon the heart, which if interfered with, sets the heart a bounding. This is precisely what glonoine does. Of course a sudden increase in the heart's action may be caused also by direct stimulation of its substance of ganglionic nerves, but we notice two facts in the provings (1), the rapidity of the symptoms with which it comes on (2), the lack of tension in the pulse, and this leads us to ascribe the increased heart's action to the depression of the inhibitory function of the pneumogastrics.

Again, we infer that it acts similarly on the *vasomotor centre*, paralyzing it and so dilating the arteries by the relaxation of the vascular nerves. Hence the throbbing felt all over the body. It causes a dilation of the bloodvessels and thus an immense increase in the vascular area. This increases the demand by the dilated ves-

sels and the heart is stimulated by the *decreased resistance*, greatly increasing its action and power.

Now, this theory, based on physiological facts, seems to explain the symptoms the drug produces, and we are justified in holding it, provided we hold it as a theory and do not base our treatment upon it. The facts upon which we, as homœopaths, *do* base our treatment are the plain symptoms that I have given you—the throbbing headache, increased, full, soft pulse, giddiness, fulness of head and heart, etc. These are *our* guides; the theory of its physiological action is the guide for the old school.

Now, considering these pathogenetic effects which glonoine produces, are there any other therapeutic applications that can be made of them besides those I have given you? Do they mean the same things to both the old and the new school? We agree that these are actual specific drug effects, due to glonoine. We even agree as to the physiological explanation of their production. What use besides the homœopathic can be made of them? Do you wish to produce the *direct* physiological effects? If so, it is your privilege as a physician, but you are then practicing according to the method of the old school. It may be necessary to avail yourself of this method for purposes of palliation. We have learned that glonoine stimulates the action of the heart and dilates the arteries. Now, given a disease characterized by a pathological condition opposite to these will certainly be temporarily relieved by the administration of a physiological dose of glonoine, drop doses of $\frac{1}{100}$. Hence the beneficial results which follow the administration of glonoine in angina pectoris or any condition where you have a small, wiry pulse, pallor of face, arterial spasm, anæmia of the brain (opposite symptoms). Of course the administration of drop doses of $\frac{1}{100}$ dilution of glonoin will at once change the aspect of the case and bring immediate, although temporary relief. Now there are conditions when temporary relief is all you require. Angina pectoris is such a disease, and it is proper and necessary that you should be acquainted with this use of glonoine. Paroxysms of asthma may be similarly cut short if the same pathological conditions are present. Cardiac asthma, due to valvular disease, and especially aortic incompetence (fighting for breath, clutching at bed clothes, jerking about of limbs, agonized expression, failing heart, patient becoming unconscious). Here, after one dose, the patient becomes easier, expression of face alters, breathing less labored, heart's action steadied, etc. The proper dose for this use of the drug is one M. of $\frac{1}{100}$ four times daily. No cumulative action.

Thus, by using its direct physiological effects it is a superior agent as a stimulant to the failing heart in case of sudden collapse. It acts quicker than stimulants containing alcohol or ammonia. This use of glonoin in doses of $\frac{1}{30}$ to $\frac{1}{100}$ of a drop must be remembered. Its beneficial action is seen within fifteen minutes. In collapse, heart failure, it arouses the failing power of the cardiac ganglia and bridges over dangerous conditions. Hahnemann himself acknowledges the legitimate use of such palliation, and every physician must know of it and be prepared to make use of it whenever called for. Let me quote in this connection Hahnemann's views on palliation: "I do not fail to recognize the great utility of palliatives. They are often not only quite sufficient in cases appearing suddenly and developing rapidly; but they have advantages, indeed, where aid cannot be postponed for an hour or even a minute. Here, and here alone, are palliatives of real use."

Glonoine has been used for alcoholism with good effect. This is not an unlikely thing, because it produces many of the effects of alcohol. Cases of cardiac dyspnoea and fainting are constantly treated by alcohol, and as glonoine acts similarly, it may be as useful. In the vomiting dependent upon alcoholism or upon anæmia, glonoine acts admirably. Faint, sickening feeling in chest and stomach like sea sickness, nausea.

Now alcoholic poisoning of the heart is met antipathically by glonoine. Alcohol may produce an overpowering sense of fear, terror, which is instinctively due to the effects of the alcoholic poison on the heart, analogous to the fear found in angina pectoris or fatty heart, but there is no dyspnoea. The patient has been drinking hard, stomach irritable, pulse small, heart's action irregular, nervous tremor and begging for more drink. The thirst and craving for more drink are the *demand* of the flagging heart for support. A heart stimulant like glonoin $\frac{1}{100}$ soon appeases the desire for more stimulus and allays the fear.

Dose.—For purposes of palliation, in order to obtain the direct physiological effects, drop doses of the one to five per cent. solution are required.

For homœopathic purposes the sixth to the 200th are most serviceable.

CONIUM has a night cough, aggravated by lying down; it is caused by a sensation of a dry spot in the larynx, and the patient must sit up for relief.

PENETRATING WOUNDS OF THE ABDOMEN.

BY HOWARD ROY CHISLETT, M.D., CHICAGO.

EXCEPT in the rare instances of impaling, or when large bodies, such as the tongues of carriages, are forced through the abdominal wall, most cases of penetrating wounds of the abdomen result either from *shot* or *stab* wounds. The cases here reported are of this character, and as the clinical histories are rather long my desire is to spare the reader unnecessary preliminaries.

CASE I.—Mr. A——, æt. 32, was shot with a 32 c. ball, one hour and fifteen minutes prior to admission. He complained of great pain, was very restless, and his facial expression was one of great anxiety. There was some tympanites, but no vomiting; the temperature was 98° F. the pulse ranging from 80 to 90, of good volume and regular. The wound of entrance was through the sacrum just to the left of the median line, the course of the missile being slightly upward. After a thorough preparation, the wound was examined, and as a probe passed easily into the pelvic cavity the opening was sealed with a collodion dressing. The abdomen was then rendered aseptic, and an incision made from the umbilicus to the pubes. Coils of distended intestine rolled out upon the abdomen, and revealed a perforation of the ilium. Following the small intestine upward, no other injury could be discovered, but, between the first wound and the ileo-cæcal valve, nine other perforations were found. There were also three perforations in the descending colon, making in all thirteen perforations from a single shot. There was an astonishingly small quantity of blood in the cavity, but indications of intestinal contents about the perforations. All wounds closed by Lembert sutures of fine silk; the abdominal cavity thoroughly flushed with hot boiled water; a glass drainage-tube inserted at lower angle of wound, and patient sent to bed. Time of operation, one hour and twenty minutes. Patient reacted nicely, but died two days later from acute septic peritonitis.

CASE II.—Mr. B——, æt. 22 years. Entered the hospital one hour after injury. Great pain in abdomen, some tympanitis, and marked rigidity of abdominal muscles; mucous membrane pale; pulse rapid and feeble; temperature not noted. Wound of entrance below left costal margin in mid-axillary line, the direction being apparently upwards and inwards. The abdomen being prepared, a six-

inch median incision, extending from one inch below the ensiform cartilage to two inches below the umbilicus was made. The abdominal cavity was found full of clotted blood, and extravasated intestinal contents. Careful examination revealed two perforations of the descending colon, two of the transverse colon, and two of the upper part of the small intestine. These were closed with Lembert sutures of fine silk. The ball had entered the under surface of the right lobe of the liver, and from this the greatest part of the blood had come. The wound was sutured, and the hæmorrhage arrested. Abdomen flushed with sterilized water, a drainage-pipe inserted, and the ventral wound closed with silk sutures. The patient never reacted; gradually sank, and died twenty-fours later from shock incident to loss of blood. Time of operation, one hour.

CASE III.—Mr. C. M.—, æt. 32. Shot soon before admittance. Complained of great pain in lower abdomen; this increased, and was soon attended by marked tympanitis. No vomiting; temperature and pulse normal. The wound of entrance was found immediately below the right iliac crest, passing directly through the ilium into the abdomen. Patient prepared, and abdomen entered by the median incision below the umbilicus. No blood; no intestinal contents extravasated. One perforation of small intestine found and closed. Abdomen flushed and drained. Good reaction; drainage removed next day. Uneventful recovery.

CASE IV.—Mr. D., æt. 30. The patient was shot in the right arm, the ball passing through the biceps muscle and entering the thorax. Examination, *twelve* hours after the accident, revealed the following points: A hole through the biceps muscle; a wound of entrance in the chest-wall, one inch below the level of the right nipple and on a line with the anterior fold of the axilla. The patient complained of extreme pain in the abdomen, which was tender to pressure, markedly distended, and the muscles rigidly contracted. There was no nausea, but excessive belching, and great restlessness. Pulse, 120 to 136; temperature, 99°, mucous membrane, pale. Careful preparation of patient, and chloroform anæsthesia. Wound of chest found to be penetrating, passing down and in through the fifth interspace. Whole right side of abdomen, as well as left flank, dull upon percussion; median abdominal incision from ensiform cartilage to midway between the umbilicus and pubes, and from the upper third of this a lateral incision parallel to, but one inch below right costal margin. Abdomen found practically full of clotted blood. Abdominal aorta compressed, while clots were washed out

and liver examined for source of hæmorrhage. A hole clear through the right lobe was discovered, the bullet having passed through the diaphragm. It was impossible to suture the wounds, they were so far to the posterior border, so they were tightly packed, both on the convex and concave surfaces, with strips of iodoform gauze, the ends being brought out of abdominal incisions. After the arrest of hæmorrhage, the intestine was examined, but finding no perforation the cavity was flushed, a drainage-tube inserted, and the wounds sutured. Result: death four hours later, from shock incident to extensive loss of blood.

CASE V.—J. H.—, æt. 21, African. This patient was stabbed with an eight-inch blade some hours before admission. Wounds of neck and back, and a penetrating wound of the abdomen. The examination revealed a normal temperature, pulse, and facial expression; a wound in the left lumbar region, three inches to the left and one inch above the umbilicus, and extending downward and inward. The opening was partly occluded by a prolapsed omentum. Median incision, after careful preparation, revealed three perforations of the small intestine. The wounds were small, and a prolapsed mucous membrane prevented the escape of the intestinal contents. There was, also, a wound of the mesentery which was bleeding freely. All wounds sutured with fine silk; hæmorrhage arrested; abdomen carefully flushed, and the abdominal wound closed without drainage. Uneventful recovery.

CASE VI.—Mr. W.—, æt. 24. Was stabbed with a pocket-knife, and brought directly to the hospital. Patient complained of great pain, and there was slight distension, but no vomiting; pulse a little rapid, but temperature normal. Examination disclosed a penetrating wound in the median line, just below the umbilicus. After careful cleansing, this was enlarged and a careful search made for intestinal perforations. None being discovered, and there being no abdominal hæmorrhage, the wound was closed. Uneventful recovery.

CASE VII.—J. S.—, æt. 35. This patient was stabbed twice in the abdomen during a quarrel. Entered the hospital with a temperature of 98°, and pulse 110. Abdomen tympanic, with dulness in both flanks. Great restlessness and thirst. Examination disclosed two penetrating wounds of the abdomen, one at the lower costal margin on the left side, and one to the right and one inch below the umbilicus. Abdomen opened by a median incision, and intestines and mesentery carefully examined; no wounds were discovered, the

blood in the cavity having evidently come from the wounds in the abdominal wall. The clots were removed, the peritoneum cleansed, and the wound sutured. The patient recovered without undue symptoms.

CASE VIII.—Mr. E. O——, æt. 29. This patient entered the hospital soon after being stabbed, with the history that the wounds were inflicted with a long, narrow blade. He was in good general condition, with normal pulse and temperature, but suffering extremely with abdominal pain. Upon examination, were found a penetrating wound of the thorax, one inch to the left of the left nipple, and another penetrating the abdominal cavity two inches below the umbilicus in the median line. This latter incision was enlarged and the small intestine carefully examined from the ileo-cæcal valve to the duodenum. But one perforation was discovered; this was sutured, and as there was no hæmorrhage, and no evidence of fæcal extravasation, the abdomen was stitched up without flushing and without drainage. Three days later, the patient's pulse and temperature began to run up, and by the fourth day he presented a typical picture of infective peritonitis. Extreme tympanites, great pain, incessant vomiting and sweating, and a thin, thready pulse, ranging between 140 and 160. The wound was reopened, the abdomen flushed, and as the intestinal distention had become so great as to paralyze the peristaltic movements, an enterotomy was made and the patient sent to bed. Death five hours later.

CASE IX.—Miss B——, æt. 20. While playing with a friend, this girl was accidentally stabbed. The instrument inflicting the injury was an ordinary pocket-knife, with a blade two and one-half inches long. Entered five hours after the accident, with a normal temperature, and a pulse of 88. There was some pain; some distention, but no vomiting. The wound was about one inch long, and located in the right inguinal region, one and one-half inches above the Pourpart's ligament, and just external to the deep epigastric artery. Two inches of omentum protruded; this was ligated with catgut and removed. The incision was enlarged, in a direction obliquely up and out, to about three and one-half inches, and the cæcum and the small intestine, for a distance of four or five feet, examined carefully. No perforations being discovered, the wound was closed with tiers of buried sutures approximating like tissues. Uneventful recovery.

In summing up the lessons to be drawn from these cases the first thing of importance is that there are two causes of death in such

injuries—*shock* and *peritonitis*. The greatest causative factor in shock is *hæmorrhage*, the second exposure and loss of animal heat, and the third prolonged anæsthesia. These are the key-notes to success in dealing with this class of cases: An *early and a rapid operation, the patient meanwhile being kept very warm*. Peritonitis, in these days of antiseptic surgery, is always the result of extravasation of intestinal contents, and this is another plea for an early recognition and operation. For the conclusions drawn from these cases I cannot do better than to quote from a recent paper read before the Clinical Society of this city.

The ordinary symptoms supposed to be diagnostic of perforation of the gastro-intestinal canal are notoriously untrustworthy, being present in so small a percentage of the cases. I therefore hold that in all penetrating wounds of the abdomen an exploratory operation is justifiable. In those accompanied by severe internal hæmorrhage or by a perforation of the gastro-intestinal tract—even if only strongly suspected—an operation is *demanded*. The earlier the operation is performed after the injury, the better the chances of recovery both for perforations and for hæmorrhage. Hæmorrhage, if severe, is nearly always from lacerations of the *solid* viscera—the liver, spleen or kidneys. It may, however, arise from multiple perforations of mesentery. Any hæmorrhage may be temporarily arrested by digital compression of the aorta after the abdomen has been opened. Most hæmorrhages may be permanently stopped by catgut suture or by the iodoform tampon.

Penetrations from shot injuries below the umbilicus, no matter from what direction the shot is fired, practically always cause single or multiple perforations. The mortality is proportionate to the number of perforations—not only on account of the increased length of time of the operation, but for extrusion of intestinal contents and consequent peritonitis. No time should be wasted in trimming the edges of the wounds; invert them during the application of Lembert's suture. Where multiple perforations occur in a short coil of the intestine, or where the suture of a large intestinal wound would lessen the diameter of the tube one-half, excision of that portion is to be preferred. Flushing and drainage should be used where there has been fæcal extravasation or marked hæmorrhage. Secondary operations for developing peritonitis are, if due care has been observed in the first operation, injudicious, and result almost invariably in hastening the end.

THE VALUE OF CIRCUMCISION IN THE TREATMENT OF DISEASES OF
THE GENERAL SYSTEM.

BY WILLIAM G. STEELE, M.D., PHILADELPHIA. PA.

(Read before the Homœopathic Medical Society of Germantown and the Harper Memorial Medical Association.)

THERE is an urgent need to-day to call the earnest attention of the profession to the great importance of circumcision, as a prophylactic, as well as a curative agency, in a large class of serious, and in many cases, obscure affections, not only of children, but of adults die, both male and female. For there are physicians who look on the prepuce as a physiological necessity (or who never think enough about it to examine) and claim that its removal is attended by a liability to the formation of the habit of masturbation, or to increased venereal desire, or other evils, and who also claim that it is entitled to the same right to exist as the nose, eye or ear, and should only be amputated in case of serious disease of the prepuce itself. To these physicians I would say, they should consider that it has none of the functions of the organs mentioned, it has no olfactory, visionary nor auditory sense, but is in fact, a survival from the lower forms of animal life, like the appendix vermiformis, thyroid gland and muscles which control the motions of the ear, and other remnants brought up from lower forms of life, and of no possible utility, and in many cases predisposing to possible serious injury, in the present state of development of the human species.

In fact the only reason that I can find for permitting the foreskin to remain, is that its removal necessitates the much dreaded "operation," or possibly we are not satisfied that circumcision will produce the same good effects in our cases, which we have read follows its performance in others, and therefore, we deem it inadvisable to subject our patients to the operation, for fear the results will not justify us. My experience with this work leads me to feel more confidence of the certainty of securing desired results, in proper cases by circumcision, than by any other procedure with which I am acquainted in the practice of medicine.

There is a prevalent impression that circumcision is a Hebrew rite, originating by the divine command of the Almighty to Abraham, to circumcise himself, and his whole household as a religious

duty, to be transmitted to his descendants, the Hebrews. But nothing could be further from the truth ; we learn from recent research, that it existed long prior to the time of Abraham ; that it was a common custom among the Egyptians, at least as far back as 2000 years before Christ. At the present day it may be traced in an almost unbroken line, from China to the Cape of Good Hope ; it is also a usage in many of the South Sea islands, and at the time of the discovery of America, it was found to exist in the West Indies, in Mexico and subsequently among several tribes in South America. Among Hebrews the child is circumcised on the eighth day. Among the Arabs in the thirteenth year, and is performed by the Kaffirs at the transition from youth to manhood. The Abyssinians are the only people professing Christianity among whom this custom is practiced. The circumcision of females was almost equally common, and was usually performed by the amputation of the labia minora or adjacent parts.

Of course with so general a prevalence of this custom, we must seek for some physiological reason, far more general, and far more deeply grounded in human nature, than any mere religious symbol. It was the universal effort on the part of these widely divergent peoples through thousands of years, to secure relief and safety from morbid conditions, which prevailed as a consequence of the want of circumcision, and that it took the form of a religious rite, was merely on account of its overwhelming sanitary importance, which demanded the highest form of authority, to wit, Religion, to insure its universality and its perpetuity. This fact alone goes far to establish its vast importance as a beneficent agency among mankind.

When we consider that the health of our bodies depends on the proper circulation of the blood, which is controlled by the vaso-motor nervous system, which is formed by the commingling of the fibres of the cerebro-spinal and sympathetic nervous systems, and that any agent or cause, that prevents the harmonious action of this system, is sure to disarrange the whole economy, by inducing an irregular supply of blood, ending in congestion or anæmia, in such parts as are controlled by the functional activity of these nerves, and when we consider the rich supply of sympathetic nerve fibres, which is distributed to the penis in the male, and the clitoris in the female, and consider the effects of the pinching or contractions of, and on, these fibres, it explains why circumcision is followed by the almost miraculous effects that are so often derived from its performance. As is recognized, the sympathetic system is not sensitive to pain, and

its disordered function may exist for long periods of time, without the patient being conscious of the existence of any abnormality evidenced by *pain* at the seat of trouble, but the effects are far more baneful than when the cerebro-spinal system is the recipient of the damage; as the sympathetic system controls the workings of all the involuntary muscles of the body, the heart, lungs, stomach, spleen, liver, kidneys, bowels, in fact all the unstriated muscular fibres, by which the vermiform action of all the tubes, by means of which the various organic functions of the body are carried on, we readily understand that, any source of irritation capable of causing a loss of sympathetic nerve force, may affect any or all, of the organs or functions of the body, we will not be so surprised at the universal applicability of this operation, in so many disordered states of the general system.

Statistics show that about two-thirds of the male babies born, have prepuces that fail to correspond to the normal standard, viz.: "A perfectly formed foreskin," says Prof. Pratt, "in the relaxed state of the organ extends no further than the point of the glans penis; it is free from all adhesions to the glans and corona; and exercises no degree of constriction on the glans itself, and when retracted shows no tendency whatever to pinch the penis."

Claperede sums up the inconveniences and dangers from which the possessor of a prepuce is liable to suffer as follows: "The retention of the sebaceous secretion is liable to alter its character, converting it into an acrid, irritating discharge, which induces more or less burning, smarting, itching excoriation and swelling, which, affecting the little glands situated about the corona and sulcus, induces them to secrete altered and vicious secretions. In this manner a simple elongation of the prepuce will produce an inflammation of the surface of the glans (balanitis), or that of the prepuce itself (posthitis), or of the two conjoined (balano-posthitis), complicated possibly with phimosis; by an extension to the mucous membrane of the urethra of the same condition of the inflammatory process, we have blennorrhagia. Blennorrhagia is liable to be followed by inguinal swellings or tenderness, orchitis, stricture, or prostatic disease, or the formation of preputial calculus from the retention of the urine in the prepuce, and cancer is apt to be the end of any of these conditions."

J. Royes Bell makes the following observations: "Cancer attacking the genital organs usually assumes the form of epithelioma. Epithelioma may invade the prepuce or the whole penis, or any part of it. The most common age for it is fifty years or over. In the great majority of cases there has existed a congenital or acquired phimosis. With a phimosis the parts are not kept clean, but the

glands is macerated, and rendered tender and excoriated, by retention of secretions. And this irritation causes an epithelioma to grow in those predisposed to the disease, as is found to be the case when the tongue is irritated by a broken tooth or pipe-stem, or the scrotum by the presence of soot in its folds."

Remondino says: "As regards cancer and malignant tumors, we find that deaths from these causes among the Hebrews, occur in about the same proportion to deaths from other diseases, as they do in the average population. But as the ratio of deaths to population is less among the Jews, so the ratio of malignant diseases to population is also less. Among the living population the proportion found affected with cancer among the Jews was 6.48 per 1000, while those reported suffering from cancer by the United States census of 1880 for the general population, the proportion was 10.01 per 1000. Showing that the circumcised race, in the instance of cancer, certainly does enjoy a certain amount of immunity, having in this regard not quite such an exemption as they enjoy from consumption, but still sufficient to assist in making them longer lived and more able to enjoy life, and die a less lingering and painful death."

Then as to syphilis: In 1854, at the Metropolitan Free Hospital, situated in the Jews' Quarter in London, Hutchinson observed: "That the proportion of Jews to Christians among the out-patients was 1 to 3; at the same time the proportion of syphilis in the Jews was 1 to 15 in the Christians, thus proving the beneficial or prophylactic effects due to the hardening of the glands resulting from circumcision."

In corroboration of this, Dr. W. H. Middleton states that in his experience, in the genito-urinary department of the dispensary of Hahnemann College, he "could recollect but very few cases of chancre occurring in members of the circumcised race, while in gonorrhœa the proportion of Hebrews was about equal to those of other beliefs."

Consumption is shown by the following statistics, to be less prevalent among the Hebrews than among the Christians. The records of the Jewish Hospital of New York give, out of 28,750 persons, admitted, a proportion of 44.17 per 1000 of its admissions as being due to consumption, while those of Roosevelt Hospital, out of 25,583 admissions, a proportion of 67.73 per 1000, showing nearly 24 per 1000 in favor of the circumcised race. We are aware of the restrictions of diet of the Hebrews, but as to the absence of pork from their regimen, the American Indians are noted abstainers from pork, yet they are more subject to the ravages of consumption than almost any other race. While the

Hebrews are not restricted in the use of beef and milk, and while they are in many other ways just as much exposed to contagion of tuberculosis, being great travellers, and frequenters of hotels and theatres, and conveyances used by a mixed class, we are forced to the belief that there is *something* that exerts a prophylactic influence against consumption, and as circumcision is the universal custom among followers of that faith, we would naturally be led to the conclusion, that circumcision is an important factor in their demonstrated greater immunity from this disease, and if we refuse to acknowledge this as a factor, then it becomes our duty to our patients to ascertain *what that factor is?*

The amputation of the prepuce in infancy has characterized all the males of that particular race, the Hebrew, which has left the most powerful impress upon modern civilization, which race has persisted with the greatest tenacity and strength of fibre, from the earliest dawn of civilization, at the beginning of historic time, through every phase of prosperity and disaster, which has repeatedly been scattered, as it were, to the four winds of the earth, and which to-day, while it has no country of its own, yet can claim the whole civilized world as a field for its energy, proves conclusively that circumcision, even if universally practiced, can be of no possible *detriment* to the human race, either in vigor, intellectual capacity, business sagacity, toughness of fibre, progressiveness, freedom from crime, talent, ability, morality, longevity, and in fact all the elements which combine to give the most perfect fulness of life on earth.

While the Jewish process is effective it is exceedingly barbarous, and is a relic perhaps of the oldest form of surgical operation transmitted to the present age. If executed according to our modern scientific methods it would unquestionably be less painful, less liable to induce dangerous sequelæ, and also be much more efficient as a prophylactic procedure; as by their method the parts are allowed to granulate, forming in some cases bands of cicatricial tissue which cause a curious distortion of the organ, and of course could cause no beneficial result to the possessor.

It is surprising to me that a man of the attainments of Ultzmann, who has written a somewhat exhaustive treatise on enuresis and the treatment of the same, and who recognizes the connection between the nervous distribution of the rectum and urinary organs, should not mention the fact of phimosis being a prolific factor among the causes of this disease. He goes to considerable length in the elec-

trical and general treatment of enuresis, and yet fails to remark that many cases, not amenable to other treatment, can be cured by circumcision. In fact in his work on the *Genito-Urinary Neuroses* he does not once mention the operation of circumcision, and yet the first thing to absorb the attention of the practical physician in cases of enuresis and masturbation is whether or not the case is one for circumcision.

Ramon Guiteras, in *Morrow's System of Genito-Urinary Diseases*, says: "Congenital phimosis causes a great deal of irritation in childhood and may give rise to serious nervous as well as local troubles. Retention of urine may be due to this cause, and as the individual grows older, other complications may develop, such as balanitis, constant itching, pain, inordinate excitability of the organ, frequent erections, erotic dreams, seminal emissions, vesical tenesmus, incontinence of urine, general lassitude and imperfect development of the testicles and penis. The nervous symptoms that may follow later in life, are coxalgia, moral and physical depression, convulsions (epileptiform or other) chorea, inco-ordinate muscular movements (including those of speech), sterility, paresis, hyperæsthesia, or a mental condition resembling hysteria or hypochondriasis."

It is no unusual matter to find the orifice of the prepuce so small as to hardly admit a probe, and in other cases the line of opening of the prepuce, besides being very small, is not on the same line as that of the meatus. In such cases we frequently find that the prepuce is literally ballooned out during the expulsive efforts of the patient while urinating. In a case of this kind which I operated a short time ago I was surprised to see to what an extent the urethra was dilated, and it doesn't require much of a stretch of imagination to realize the bad effects that this impediment to the outflow of the urine may exert on the urethra, bladder, ureters and kidneys, as urethral stricture is recognized as a cause of serious diseases of the kidneys, and it acts in precisely the same manner as a tight foreskin or meatus. Then the straining to which the patient is often subjected during the act of micturition has been proven conclusively to be a great factor in the causation of hernia. Owen, in a lecture before the Harverian Society, says: "Perhaps the commonest cause of hernia in childhood is a small preputial or urethral orifice, and next to that I would name the smegma hiding or adherent prepuce." Bryant also offers confirmatory evidence of this statement, as in fifty consecutive cases of congenital phimosis, he observed that thirty-one had hernia, and many had umbilical hernia

besides. In no case was the rupture congenital, its earliest occurrence being at three weeks; circumcision was performed in these cases and all were much benefited."

I believe there is one class of cases where every physician examines the foreskin: that is *convulsions*, and the great good and many lives saved by this examination amply repays for the trouble, but how much better it is to remove this fruitful source of trouble before the convulsions appear, and then if they do appear (which is seldom) the treatment of the case is simplified.

The moral effects of circumcision are to be taken into consideration. We know that most of the functions of the body may be stimulated to increased activity by two processes materially different, such as the stomach to empty itself by a disgusting sight or suggestion, or by an emetic; tears to flow from the eye by an emotion or some form of irritation, the sexual sphere to increased activity by emotions or by some form of irritation, and as not one of us would think of prescribing remedies for a case of conjunctivitis without first examining for some irritating object and removing that object, if found, neither should we expect to cure masturbation, so long as there remains a piece of irritated anatomy to constantly draw the attention of the unhappy possessor to these organs, and yet on careful perusal of Kraft Ebbing's work on *Psychopathia Sexualis*, I am surprised to find no mention whatever of the benefit of circumcision, the treatment being confined to suggestion, remedies and electricity. I firmly believe that three-fourths of the remarkable cases there presented would, on competent examination, show some form of pathology at the lower openings of the body. How it is that men can become authorities on these subjects and make the researches, in the nervous distribution to these parts, that their works show, and yet be ignorant of the benefit to be derived from circumcision, is, I must confess, altogether beyond my comprehension.

Frequently have I been consulted by young men, and even by young women, who have been under the treatment of noted physicians, for the cure of masturbation, who have assured me that they have tried with all the force of their will to stop, but that, do what they would, in spite of all medical treatment, there was still something drawing their attention to their sexual organs, and almost invariably, on examination, they presented some form of abnormality of the foreskin, hood of the clitoris or rectum, the proper attention to which enabled them to throw off the shackles that had (literally) so long bound them.

When we consider the dire effects of masturbation and the stunting of intellect and body following its excessive practice, we begin to comprehend the immense benefit we accomplish by attention to these parts before the disease is acquired, as doubtless many persons who would have become useful, honorable and even distinguished members of society, have had their capacity for such a career almost, if not entirely destroyed, by this vice, habit or disease. Considering seriously the immense amount of good which is well nigh incomputable that is accomplished by the timely attention to these parts, leads me to say that all children, male or female, presenting any abnormality of these parts, whether or not exhibiting at the time any derangement of structure or function, should always be circumcised, as by this means we may prevent the blurring of some of Nature's choicest handiwork.

Doubtless our insane asylums to-day contain thousands of wrecks, stranded on the coasts of vice and disease, produced by the very causes that the general practice of circumcision would have, in nearly every instance, absolutely prevented. Is there any physician who cannot recall among the families in which he has practiced his profession, young persons who have degenerated into idiocy, insanity or moral degradation equally hopeless, due to the practice of masturbation, which finds its strongest stimulus in the chronic irritation which originally caused it, or which by prolonged habit has been induced, for it is a fact that the precise irritability, which in many cases causes the inception of this disease or habit, will, by its continuance, set up a similar artificially excited structural irritation, which finds its seat in the foreskin itself, so that while in one case such innate irritability will cause the habit, in a dozen cases it will lead to its continuance, until it terminates in the sequence of moral, mental and physical degeneration, which is unmistakably proven as the effect of the excessive practice of masturbation.

Then as to cleanliness, a mere thought is all that is necessary in this respect, but its importance is well established to those who frequently examine these organs in a state of disease, as serious complications are so frequent in the treatment of diseases of these parts, due to too much foreskin, and the benefit of circumcision in cases of protracted gleet, where phimosis is a coexistent trouble, is now well recognized by advanced specialists in this line of work.

I have during the past few months made up brief reports of a number of cases, which I have operated, and which I will submit, feeling certain that the evidence furnished by the results of

these operations will go far to establish the principles which I have endeavored to present :

Marasmus, boy 6 months old.—This was a case in which circumcision had been advised several months before as a prophylactic measure. The case started with a gastric disturbance, which soon developed into a marked case of marasmus, notwithstanding the employment of the best medical treatment ; the case soon became desperate, and as a last resort circumcision was performed ; marked improvement was established in four days, and in three weeks the child was well.

Marasmus, boy 7 months old ; case desperate ; was not sure that the child would survive the operation ; it was very much emaciated, apparently nearly dead. Had I not been familiar with the resuscitating effects of circumcision I would have declined to operate. Two months afterward I met the physician under whose care this child was at the time, and he assured me that the child had progressed wonderfully and was then well.

Marasmus with Hereditary Syphilis, boy 11 months old.—This was a marked case. The mother acknowledged that it resembled a monkey more than it did a baby, had saw teeth and other evidences of syphilis, partial paralysis of the lower limbs, with very little vitality. In this case the improvement was a little slow in showing. It was fully a month before evidence of improvement was well marked ; in two months the child had gained eight pounds and its whole nature was wonderfully changed, so much so that it would hardly be recognized as the same child. This case had been under the care of two good doctors, but had relapsed, after being somewhat benefited by treatment.

Marasmus, boy 4 months old.—This case was seen in the Catskills. Characteristic emaciation, and all the other symptoms of this disease. Showed some improvement in a week. Heard from it once, afterwards, and it was still improving slightly.

Marasmus following *meningitis*, æt. about 7 months, made an unevenful recovery, and is now a fine healthy child.

Paralysis.—Child, 3 years old ; had never walked a step, but was bright in every other way. This case walked one month after circumcision.

Child, 14 months old ; had never attempted to walk and experienced pain in limbs when placed on them, general health below normal, very nervous, cried much ; slight improvement in a few days, but two months elapsed ere the child walked properly and had come up to the standard.

Inco-ordination, boy æt. 18 months ; would fall around, and lacked ability to step properly, backward in everything, sick all the time, no appetite, in fact could be described as a "scrawny" baby. In four days this child showed marked improvement, and in a week there was a surprising change for the better in every way ; the child is now bright and well.

Nervousness, boy æt. 6 months, emaciated, very restless, cried much at night, straining to urinate, twitching of muscles. Improved in five days, now a fine healthy child.

Nervousness, boy æt. about 1 year, had never been a good baby, always restless, nothing seemed to quiet it, emaciated, had one convulsion. Great improvement in three weeks, no return of convulsions to the present time.

Malnutrition.—Child, æt. 6 months; great change in the general appearance of child in about two weeks, with rapid increase of weight and bodily activity. Completely cured in one month.

Constant Crying, boy æt. 8 months; really cried almost all the time, had worn out its parents, very emaciated, marked tendency to marasmus, wouldn't notice anything, muscular twitchings and evidences of brain involvement. Slept soundly the night after the operation, and was steadily improving at last account. This case had been under the treatment of three other doctors, besides taking lots of soothing syrups, and other patented nostrums.

Convulsions.—Many cases, but as they are all about alike, will give no details, except to say that in nearly every case there was no return.

Neurasthenia, man æt. 35 years; slight improvement in four months, but the wreck of the nervous system may take years to regain its standard.

My experience in this class of cases is, that the drain on the nervous system being of such long duration, frequently requires a long time to enable the system to regain its normal condition.

Another case of *neurasthenia* with *balano-posthitis*, due to a very tight foreskin; in this case the adhesions to the glans were so strong that they could not be broken in the usual way, but were dissected off the glans with the scissors. This was in a man aged 30; he made a good amount of improvement in three weeks, but will be a long time ere he derives all the benefit from this work. How much better would it have been in this case to have attended to this part when in infancy, and thus have saved the years of suffering to which he was subjected.

Young man, æt. 19 years; depression of spirits, headaches, masturbation, prostration, and numerous other symptoms; experienced great relief in a month, and was enabled to stop masturbating, which of course was a great factor in the benefit he obtained afterward.

Young man, 20 years old, had been trying for years to stop the habit of masturbation, also troubled with nocturnal emissions; after circumcision was troubled greatly for four days from nightly emissions, and at that time said the operation had made him worse. In a few weeks he was feeling better, and three months later he had entirely stopped the habit, and the nocturnal emissions had entirely ceased.

Epilepsy.—Boy, æt. 14 years, one of my earlier cases. In this case the operation seemed to have no effect on the disease whatever. With my present experience, I think he would have been benefited by more extensive work.

Lady, æt. 28 years; *neurasthenia*, prostration, headaches, emaciation, gained ten pounds in two months after circumcision, and felt much improved, although she is suffering from lacerated cervix.

Lady, æt. 21 years; very severe headaches, prostration, melancholia, emaciation, in fact, general breaking down of the strength, and resistive powers. Great improvement after circumcision, with removal of a few rectal pockets.

The reason of the reports being sparse in female circumcision, is that at the time of performing this operation in females, I usually find other work to do, and feel that reports involving other work than that under discussion hardly belong here.

Lady, æt. 28; examination showed hood of clitoris covering that organ completely, explaining absence of sexual feeling. Removal of hood made a great change and caused more pleasure in life.

Also some male cases where ejaculation was too precipitate. By the hardening of the glands by circumcision, the desired results were obtained in the greater proportion of cases.

A case of *inco-ordination* and general backwardness, operated some time ago (which improved for a week or so, after the work, then ceased improving, was due, as I saw about a year afterwards, to adhesion of the mucous membrane to the corona, as a result of failing to properly carry out my instructions), showed unmistakable evidences of improvement in one hour after the separation of these adhesions, which improvement steadily continues, to the entire satisfaction of the parents, who previously were much disappointed at the apparent failure in this case.

I will also cite Professor J. E. James, who has seen a number of cases presenting well-marked symptoms of hip-joint disease which were entirely cured by circumcision.

Case of a baby shown to me as one where circumcision had been followed by dire results; this child had to be undressed when urinating, and had to assume a peculiar position to void the urine, which on examination I found to be due to the neglect of the physician who had operated him to slit the meatus. I was not permitted to operate this case, notwithstanding my strong desire to do so, but had this trifling operation been performed, I feel sure that the best results would have at once followed. I have had other similar cases where a tight meatus was overlooked by the operator. I would therefore earnestly advise a careful examination of this orifice. It was difficult for me to persuade each of these cases of the truth, that this result was not due to the "operation," but was the accompaniment of a similar contraction of the prepuce.

Case of epithelioma of the prepuce in a man aged 60 years. In this case, the mucous membrane and skin showed involvement by the cancerous process to the sulcus behind the corona glandis, here apparently stopping by a well-marked line of demarcation. In the

operation, I amputated all the mucous membrane and skin-covering to the corona glandis, and stitched the remnant of skin directly to the corona (as there was no mucous membrane to which to attach it), securing a good line of union throughout the attachment. This procedure was to me novel, as the stitches had to enter the glans penis. Since the operation (about eight months) the patient has been perfectly healthy, and shows no apparent tendency to recurrence. It is very certain that if this man had been circumcised in childhood, the above operation would not have been necessary, and the patient would have been spared much suffering, both mental and physical.

I have cited the above cases because they are typical of cases that are frequently encountered, and are generally so amenable to this work. In a few cases I have encountered failure in part, and in others entire failure, and were they more recent cases I would report them at length. I am not satisfied in my own mind, that with my present experience, better results might not have been obtained, or whether I would not have discovered that the cases were not such as owed their morbid conditions to the neurotic irritation of these organs.

In conclusion I earnestly ask that every physician will make these cases a study, and carefully investigate the genitals in every case which admits of a possibility that they may be the source of disease, and if such possibility exists that he pursue the matter to its logical termination, and thereby acquire from experience, a knowledge which will be a direct personal benefit to himself, and of equally vast benefit to those whose lives, whose health, and whose physical happiness, are placed unreservedly in his hands.

DIPHTHERIA AND ITS ANTITOXIN.

BY CHARLES PLATT, PH.D., F.C.S., PHILADELPHIA, PA.

THE furor produced by the announcement of a serum therapy for diphtheria has rarely been equalled in modern medical science. Our newspapers and medical journals have written of "antitoxin" until the word is known to all, and it may seem that but little room remains for further discussion. There have, however, been so many misstatements, and the literature given has been so fragmentary, that a general review of the subject may still prove valuable.

HISTORICAL NOTE.

In 1883 the bacillus of diphtheria was discovered by Klebs in the course of his experiments on the false membrane. The following year Loeffler isolated the microbe, indicated its proper culture medium and reproduced the false membrane in animals. He failed, however, in developing all of the characteristic symptoms, and himself acknowledged the necessity of further identification. In 1887-8 Roux and Yersin, of Paris, supplied the required proofs, and, continuing their investigation, discovered that by means of the Pasteur filter, bouillon cultures of the Klebs-Loeffler bacillus were freed from bacilli, but retained their toxic action. Behring, then, with Frankel and Kitasato, discovering the counter-poison, undertook vaccination against diphtheria, and announced the serum therapy for diphtheria and for tetanus. This work was continued and elaborated in Paris by Roux, with Martin and Chaillon. Animals were experimented upon, and finally application was made to children in the Paris hospitals.* Such, then, in brief, are the steps which led to the discovery, Paris and Berlin, strangely enough, acting in concord, accepting and confirming each other's work. Aside from the ultimate principle developed, we find, also, an interesting result in the clearer knowledge gained of the disease—diphtheria itself.

THE DIPHTHERIA POISON.

By the chemical investigation of the tissue of diphtheritic patients,† two classes of poisons have been demonstrated, namely, albumosis and an organic acid similar in specific action but differing in other particulars. The first, in multiple doses, gives rise to fever, progressive paralysis, with widespread nerve degeneration, wasting and diarrhœa; the latter, the acid, producing only moderate nerve degeneration. It is further demonstrated that the albumoses and organic acid obtained from pure cultures of the bacillus have the same physiological action as those obtained from the tissue, but that this action is much less than that of a "ferment" also separated from the culture. The presence of the albumoses indicates a digestion of proteids; but this digestion is not due to the bacillus, as this does not itself invade the tissue, nor have the albumoses been

* Other names must be mentioned in connection with the development of "antitoxin." Among them Baginsky, Koch, Erlich, Brieger, Aronson, Wernicke, Boer, Kossel, Knorr and Wasserman.

† Report of British Committee on Dr. Sidney Martin's work on the Chemical Poisons Produced in Diphtheria. Buda-Pesth Congress, 1894.

directly absorbed from the diphtheritic membrane, as the amount found has no relation to the amount of membrane. Chemically, the diphtheritic membrane consists of fibrin, which undergoes digestion into albumoses and the organic acid; but there is also a chemical poison present, which, in infinitesimal doses and in a single dose, produces paralysis, with the characteristic nerve degeneration—an effect produced by the albumose in multiple doses only. The pathological process is summarized as follows: * “The bacillus diphtheriæ produces a false membrane of fibrin on the surface of the mucous membrane, and exudes a poison which is a proteolytic ferment. This ferment is absorbed, and by digesting the proteids of the body—chiefly those of the spleen—forms albumoses and an organic acid, which are the specific agents producing the characteristic symptoms of the disease.” Such is the best belief to-day regarding the poison of diphtheria, and from this poison we may turn to a consideration of the manner in which it is to be combated. The new treatment is, in principle, isopathic, and so closely allied to homœopathy as to claim special attention.

PREPARATION OF THE ANTITOXIN.†

A flask of alkaline peptone bouillon is inoculated with a virulent culture of the bacillus diphtheriæ and placed in a thermostat for twenty-four hours at 36° C. to 37° C. At the end of this time it is rich in bacilli, and is subsequently used as the “stock” culture. For the preparation of the toxin, large, flat-bottomed, Florentine flasks are used, each with a tubulature at the side within an inch of the base, and having both neck and tubulature constricted for the reception of cotton plugs. These flasks are filled to within a short distance of the tubulature with an alkaline bouillon (2 per cent. peptone), sterilized, and then inoculated with about 40 c.c. of the stock bouillon culture. They are then placed in the thermostat until development has begun, and finally are maintained at a constant temperature in a current of moist air for three to four weeks, at the end of which time they will be found to contain flaky masses of disintegrated bacilli. It has been remarked by Dr. Fernbach that so long as the bacterium is in the active living state, but a small amount of toxin is set free, while with conditions most favorable for growth the life of the bacterium is shortened, ending in proliferation and setting free of nucleins. The ripe culture is filtered through a

* *Loc. cit.* † J. J. Kinyoun, M.D., *Abstracts of Sanitary Reports*, vol. ix., No. 5.

Chamberland filter, and each lot tested for its virulency (0.1 c.c. will usually kill a 500-gramme guinea-pig in twenty-four hours). The toxin so prepared and received into sterilized vessels may be kept for a considerable period without deterioration, provided an even temperature and absence of light is secured.

For immunization, sound horses are selected, averaging six to eight years in age, and a trial injection of less than one cubic centimeter of the toxin is given. Should illness result, the activity of the toxin is reduced by the addition of one fourth its volume of Grams's solution, and the earlier injections are made with this diluted solution. In the course of three months the dose is increased from 0.25 c.c. of the iodine-toxin to 250 c.c. of the pure toxin. At first there may be a marked local and general reaction, with distinct inflammatory process, rise in temperature, loss of appetite, and, occasionally, cramps; but as the quantity increases, the reactions decrease, until after about two months' treatment the general reaction disappears and only a large œdema is formed. At the end of the treatment as described, the blood will be found to be rich in anti-toxic power. As to the selection of the horse for these experiments, it may be said that other animals have been used—rabbits, dogs, sheep, goats, and cows—but, of all, the horse has given the most regular and satisfactory results. The horse being easy of immunization, it may be that the resulting "anti-toxin" is not so powerful as would have been the case had it been derived from another animal more susceptible to the disease. The rapidity of immunization is, however, a practical point of importance, and this, together with the fact that the horse serum causes no local reaction in man, but is immediately absorbed, and that the results of the immunizing process are uniform, seems to indicate the horse as the preferred agent.

Having secured the desired antitoxic development in the horse, the hair is clipped from over the jugular vein, the part washed with a 5 per cent. phenol solution, and the blood drawn by means of a special trocar and canula. The six to eight litres taken are received into sterilized flasks and placed on ice until coagulated. The clear serum is then preserved in sterilized flasks in the dark, each flask generally containing also a small fragment of camphor as a preservative. Two and three litres of the antitoxic serum are thus obtained from a single operation. The serum is variously described as a clear yellow liquid or as a clear colorless (?) liquid, rather thick in consistency, that produced by Aronson having a faint odor of phenol, due to the presence of 0.2 per cent. of "trikresol." The method of

preparation described is that used in both Germany and France, there being only minor variations in details, the main difference between the serums being in strength. Under Behring's direction, the serum is prepared and sold in three strengths: No. 1 (green label), intended primarily for immunization, contains 600 "antitoxic units" in 10 c.c. of serum; No. 2 (white label), contains about 1000 "antitoxic units;" and No. 3 (red label), about 1500. This serum is prepared at Hoechst-on-Main, under the supervision of Dr. Knorr, and the extent of the manufacture may be judged from the fact that a monthly output of 3500 doses last September has advanced to a daily output at present of over 2000 doses. The serum prepared under Dr. Aronson by the Shering Company is of one strength, apparently equal to Behring's No. 2, though claimed to be far stronger. Roux's serum also has about this same antitoxic value. Aronson has put on the market a precipitated antitoxin, prepared by addition of aluminum or ammonium sulphate, with subsequent separation of the "antitoxin" by a 0.1 per cent. soda solution. This, it is said, has given good results, but causes greater irritation than does the liquid. For use, this desiccated antitoxin is dissolved in eight to ten parts of water.

As will be seen above, the serums are now classified according to the number of antitoxic units contained; these units being determined as follows: A normal poison solution is first taken, being of such strength that 0.1 c.c. will kill a 250-gramme guinea-pig in 48 hours. The normal antitoxic unit is, then, a serum of such strength that 0.1 c.c. just neutralizes the action of 1.0 c.c. of the normal poison. Thus, if 10 c.c. of the serum neutralize and prevent the action of 1000 c.c. of the poison, the serum is said to have a ten-fold strength. The strongest so far obtained is believed to be the No. 3 of Behring, a 150-fold serum. It may be noted in passing that the extreme desirability of a more rapid method of producing antitoxic serum has already resulted in the announcement of a chemically-prepared substitute. This artificial "antitoxin" is prepared by the electrolysis of blood serum or of bouillon containing the toxin of the disease, and is claimed by its discoverer* to have a high efficiency.

APPLICATION.

In the application the amount of serum needed naturally varies according to the purpose, whether for immunization or for cure; and, if the latter, with the advancement of the disease, the age,

* Dr. G. A. Smirnow. See *Berliner Klinischer Wochenschrift*, 1894, No. 30.

body-weight, etc. In experiments with animals it was found that $\frac{1}{100000}$ of the body-weight of serum, if introduced 12 hours before, the toxin would render the animal immune to an otherwise fatal dose. To produce immunity in children 10 c.c. of Behring's No. 1 or 5 c.c. of Aronson's or 2 to 5 c.c. of Roux's serum is used and with excellent results. In the hospital practice in Paris each new patient receives on admission a single dose of 20 c.c.; this being injected under the skin of the flank or between the shoulder blades after a cleansing of the part with an antiseptic solution (bichloride of mercury, 1 to 1000). A slight œdema may appear during the injection; but this usually disappears in 15 to 30 minutes; and the patient is then placed in the ward to await the results of the bacteriological examination. Should this examination fail to reveal the Klebs-Loeffler bacillus, no further injections are given. If the bacteriological examination is affirmative, however, a second injection of 10 to 20 c.c. is made 24 hours after the first, and it is generally found that these two suffice for the cure. Estimating the average bodily weight of the child as 14 kilogrammes, each receives rather more than $\frac{1}{1000}$ part by weight. Local treatment is not necessarily excluded, though, as a matter of fact, none has been used by Roux, who confines himself to the irrigation of the throat with boiled water. Boric solutions, hypochlorite of soda and salicylated glycerol have been recommended as irrigants. As to the immediate effects of the treatment, it may be said that, carried on with proper precautions, sterilized instruments, antiseptic washing of the part and subsequent protection, there is no pain and no general reaction.

Exanthemata, a rash resembling typical urticaria, has appeared in a number of cases, especially on the extremities; but this has disappeared without special treatment. In two hundred cases treated at the Kaiser Kaiserin Friedrich Hospital but one abscess appeared, and this being incised rapidly healed. Post-diphtheritic sequelæ are rare, and there is no paralysis. The false membrane may advance slightly for the first few hours and then become rapidly loosened. In some 800 cases tracheotomy was performed in but 121—or 12 per cent.—and of these 102 before the injection of the serum. Pneumonia and albuminuria are reduced in frequency.

RECORDED RESULTS.

Owing to the widespread acceptance of the new treatment, the enthusiasm of its discoverers, and also to the crying need for a serviceable arm against the dread disease, an almost incredible number

of cases have been treated and recorded. The average mortality from diphtheria in this country would appear to be somewhat below the continental average, probably about that of London, 30 to 46 per cent.,* while Behring and others upon the continent acknowledge a mortality of about 50 per cent. This, according to Behring, is to be reduced to 5 per cent. by the "Heilserum" treatment. It is certainly not more than 12 to 15 per cent. in the Berlin hospitals at the present time. Baginsky announces 274 cases with a mortality of 15.3 per cent., and Aronson, 192 cases with a mortality of 14 per cent., while others claim still lower mortalities. Prof. Wederhofer of Vienna, testing only seven cases, reduced his mortality from 52 to 20 per cent. Katz has treated 128 cases, all of which were confirmed bacteriologically, with a mortality of 13.2 per cent.† Our most valuable report, however, comes from Paris,‡ where, though with a higher mortality, the experiments have been most carefully recorded. It is to be remembered, moreover, that these figures, given by Dr. Roux, relate to a period early in the practical application of the treatment, and that the patients occupied crowded wards where special precaution was impossible. In the Hôpital des Enfants Malades, Paris, February 1 to July 24, 1894, 448 cases were treated by Drs. Roux, Martin and Chaillon, with a mortality of 24.33 per cent. In the same hospital, during the years 1890-94, the mortality had been 51.71 per cent. During the months stated above in 1894, 316 cases had been treated by the old method at the Hôpital Trousseau with a mortality of 63.2 per cent. Excluding those cases reported by Roux, which failed to reveal the Loeffler bacillus, the mortality was 26 per cent. Separating the cases of true diphtheritic angina from those associated with other bacilli, the results were as follows: 120 cases of true diphtheritic angina gave a mortality of 7.5 per cent. or nine deaths, seven of whom died within twenty-four hours after admission, one other having coexistent tuberculous peritonitis, the remaining one suffering from severe measles. The cases associated with staphylococci were cured in toto, while of 35 cases associated with streptococci, 34.28 per cent. died, the usual mortality being 87 per cent. In the cases of croup, divided into operated and non-operated, and into pure cases and cases associated with other bacteria, similar results are shown. In tracheotomies during 1889-

* London *Homœopathic Review*, January 1, 1895.

† *Archiv Kinderheilkunde*, B. xvii., v.-vi.

‡ E. Roux, *Wien Med. Press*, No. 38, 1894; *Dietetic and Hygienic Gazette*, Dec. 1894.

94, fully 85 per cent. died, while under the serum treatment the mortality was 47 per cent. and fewer cases operated upon (see above). Roux believes that by proper hygiene and complete isolation far better results would have been obtained, and this opinion is confirmed by the lower death-rate in Berlin, where, as a matter of fact, the hospital conditions are better.

It is exceedingly difficult to offer any comparison between these figures and those obtained under other treatments. Unfortunately statistics of diphtheria are particularly fragmentary and imperfect, and nowhere more so than in our own country. We believe our death-rate to be lower than that of the continent, but it would be difficult to prove this point. So also the mortality under homœopathic treatment is known to be considerably less than that under the old school, and yet, here again, we are confronted with impressions rather than with figures. In a report offered at Chicago at the World's Congress of Homœopathic Physicians and Surgeons,* sixteen cities are quoted, giving the allopaths an average mortality of 34.07 per cent., the homœopaths 30.41 per cent. This report, however, is faulty in so many respects that we can place no reliance upon it. As a matter of fact, the difference between the two schools in private practice is decidedly more in favor of the homœopaths than the figures above would indicate. But even so, the figures quoted for the serum treatment from Europe are not of private, but of hospital practice, and the difference in favor of the new principle is such as to warrant a most careful investigation.

RECEPTION.

In every country this new treatment has met with an enthusiastic reception from leading specialists. Paris comes forward with a popular subscription of one-half million of francs, Germany, accepting more slowly, is still in the lead with the discovery. Virchow, a prominent opponent, finally announcing his conversion, the "Heilserum" is received in Vienna with greatest favor. Even England, with its natural insular reserve, has become enthusiastic and enters heartily into the experiment. America, by no means backward, welcomes the new remedy and in New York, the *Herald* emulates the *Figaro* with a subscription already high in the thousands of dollars. It is pleasant to observe that homœopathsists as well as

* *Comparative Vital Statistics.* D. A. Strickler, M.D. *Transactions of World's Congress of Hom. Phys. and Surgeons.* Chicago. 1894.

allopaths have contributed to the welcome here given, though the former may not feel the need of a new remedy as strongly as the latter. Indeed it is pointed out that the germ of the whole treatment is to be found in homœopathic principles, and that homœopaths have been lax in allowing them to be appropriated by old-school men without proper recognition of their source. Dr. Marc Jousset, of Paris,* enthusiastically exclaims: "We ought to proclaim on high that Pasteur and his disciples are the continuators of Hahnemann, as they are all homœopaths whether consciously or unconsciously, that Pasteurism and isopathy are synonymous." "We wish now to establish the right of homœopaths to claim these methods as the consequences of their doctrines, as a corollary of the law of similars."

The *Journal Belge d'Homœopathie*, for October,† commenting on the serum treatment writes: "Behold the grand invasion and the impudent appropriation made by allopaths of this, the homœopathic system of therapeutics." It may be that we on this side of the water are not given to such quick enthusiasm, and we may not altogether concur with Prof. Behring, when he announces that "diphtheritis als gefaehrliche Krankheit existert nicht mehr," but it is certainly true that there is not a homœopathic physician in the country who will not welcome the new treatment should its value be proven, and who will not gladly aid in its investigation and trial. When opposition has been met with, we can at once trace the cause. The toxin of tuberculin failure has proven stronger than the antitoxin of diphtheria. It should be remembered however, that there is no likeness in the history of the two cases, other than in the principle, a principle, the possibilities of which and the value of which few will deny. The antitoxin of tuberculosis failed because prematurely and unscientifically announced, the antitoxin of tetanus fails because necessarily applied only in the advanced stages of the disease; the antitoxin of rabies succeeds and so let us hope will that of diphtheria, a disease peculiarly fit for such a manner of treatment.‡

* "Isopathy and Pasteurism," Dr. Marc Jousset. *North Am. Journal of Homœopathy*, Jan., '95.

† See editorial, *Minneapolis Hom. Mag.*, Jan., '95.

‡ It may be noted that a new compound of the antipyryn class has recently been placed on the London market, under the trade name of "Antitoxine," an unfortunate terminology to say the least. This new compound, which of course, has no connection with "antitoxin," is described as a heart tonic without depressant action.

CORRESPONDENCE.

DR. CONSTANTINE HERING ON VACCINATION.

EDITORS HAHNEMANNIAN MONTHLY :

IN your February issue appears a short communication from Dr. E. M. Hale, of Chicago, headed "A Letter from Dr. Constantine Hering," in which Dr. Hale says: "I would call the attention of Hahnemannian Isopathics to his opinion of the value of varioline in small-pox." Referring to Dr. Hering's letter, we find that it was written to Dr. Hale under date of December 14, 1871, and that his allusion to variolinum is singularly brief, he only saying, "But variolin is not sufficient in small-pox." This, after showing that sulpho-cyanates were contained both in the pus of small-pox pustules and in variolinum, thus establishing the necessary homœopathicity or isopathicity, whichever the reader may prefer.

Please permit me to call attention to another "letter from Dr. Constantine Hering," on an allied subject, written during the same decade, appearing in an English newspaper in the middle of 1878. This letter was republished by Mr. W. Young, in England, as an anti-vaccination tract, in which Dr. Hering is spoken of as "the Father of the Homœopathic School of America." In this letter Dr. Hering characterizes all vaccination as "a poisoning of the blood." Another passage reads: "In Jennerian vaccination there is the production of a real contagious disease, acting by zymosis or fermentation in the blood, thus endangering the organism." After alluding to the mix-up in the styles of vaccination and the danger of thereby inoculating diseases, he says: "If it had been a poisoning even with the very best real cow-pox, it now became a poisoning of nearly all children with the most horrible diseases; many even were murdered, and an indefinite number poisoned for life." He remarked, in closing: "It is, no doubt, an intolerable tyranny to compel vaccination by law." In the language of Dr. Hale, "I would call the attention of [the whole medical profession] to his opinion of the value of" vaccination, or, rather, to its dangers. As to its value, it has absolutely none, and it is a wonder that the medical profession, or any part of it, persists in hugging this superstitious delusion. It must be through ignorance. Therefore each one should stock up with the literature of the subject and peruse it. I say

peruse it; for it will not need study to carry conviction that vaccination does not prevent small-pox. A good example of this fact is fresh from your city in the statistical record of 5000 cases of small-pox in Philadelphia, contributed to the *New York Medical Journal*, March 17, 1894, by Dr. Welch, which shows that at least 3550 of the cases were among vaccinated persons.

As to the compulsory phase of the subject, Dr. Hering was right in stigmatizing it as "intolerable tyranny." In fact, the rock of ages on which anti-compulsory vaccination stands is that the moral sense of mankind is outraged by the official enforcement of the preposterous proposition that it is necessary to poison healthy blood to insure health; and it is this moral sense that gives each man the right to refuse to obey such criminal legislation either for himself or for his children.

W. B. CLARKE, M.D.

INDIANAPOLIS.

PHYTOLACCA BERRIES.

EDITORS OF THE HAHNEMANNIAN MONTHLY:

IN my paper that appeared in the HAHNEMANNIAN MONTHLY for December last, I did not endeavor to argue that *phytolacca decandra* berries are of no service in the treatment of obesity. I merely attempted to note the effect of the berries on birds. These berries have been used in obesity because they were alleged to make the birds that feed upon them emaciated; but now that it is known that phytolacca berries fatten birds the attempted explanation by Dr. Heath, of how phytolacca may act as an anti-fat is, I think, very unsatisfactory. If it can be used on the principle suggested by Dr. Heath, I do not see why many other foods—cod-liver oil, for instance—cannot be employed for the same reason. The muscles of the birds I examined were not, as Dr. Heath infers, atrophied in any particular, but were well nourished and in excellent condition.

W. L. ROTZELL, M.D.

NARBERTH, PA.

ICHTHYOL FOR GONORRHOEA.—Colombini has found ichthyol an excellent germicide. He has employed it in thirty cases of gonorrhœa with good results. In vulvitis and vaginitis he either paints the surface with a five or ten per cent. solution in glycerine, or uses it on cotton tampons. The same concentration with the addition of water is used for the urethra, and is also applied to the cervico-uterine canal.—*Ibid.*, No. 32, 1894.

EDITORIAL.

AN INTERNATIONAL LANGUAGE FOR PHYSICIANS AND SCHOLARS IN GENERAL.

EVERY translation of a scientific book, every meeting of a scientific international congress, emphasizes the necessity for having some international language which shall be a common means of communication between scholars.

At a meeting of the New York Academy of Medicine, in March, 1894, the subject was presented by a Dr. Achilles Rose, who put in an earnest plea for the adoption of the modern Greek as that language. The subject was discussed by some of the ablest members of the academy, and while all agreed upon the desirability of having such a language, but few believed in its possibility, and the majority of those inclined to the belief that the English was most likely to occupy the position. Last month Dr. Rose had another paper on the same subject in the *Medical Record*, in which he reviews his reviewers, and again advocates the claim of the Greek in a rather more enthusiastic than convincing manner.

Words would be wasted to prove the desirability of having a language which should be understood by all scholars, and which would enable each one, if so disposed, to address his writings to the whole scientific world, instead of to the limited circle of those familiar with his own tongue. From the very circumscribed standpoint of the medical profession it is evident that the adoption of such a universal language would be of the greatest practical benefit—in the case, for example, of the international congresses, so many of which are now being held. After the German, French and English had been declared "*official*," the languages of other countries in which the congresses came to be held were added to the list, until it has become impossible to understand more than a few of the many papers and discussions at those meetings.

The question as to the possibility of establishing an international language for scholars would seem, perhaps, to have been answered by the failure of the elaborate Volapük to receive the encouragement of the scientific world. We concede the impossibility of constructing a new language that shall meet with universal acceptance, but the question is here rather of adopting one already in existence. Why should it not be possible now, as it was centuries ago, for all educated persons to find in one of the branches of their early education something that would make them akin to all the

world? In the good old times all scholars could meet on the common ground of the Latin language, and a working knowledge of that was a link that bound them together as citizens of the republic of letters, no matter what their national or civic affiliations happened to be.

We think that it is not only possible, but that the adoption of some language as the recognized international one, would be attended with but little difficulty,

1. If all national jealousies could be avoided.
2. If its introduction could be accomplished without doing any violence to the present system in the literary colleges.

Both conditions can be fulfilled by the selection of the Latin language. It is a dead language, and therefore, claims our most respectful consideration—*de mortuis nil nisi bonum*—and in doing so arouses no national prejudices, no national jealousies.

Its not receiving accretions from daily popular life, as a living language is constantly doing, and must do, is rather an advantage than the opposite. It would be devoted strictly to embodying, preserving, and disseminating scientific truths, and would, therefore, always remain an esoteric accomplishment (if we might call it so), which would go far to reinstate science in the position which it has voluntarily abandoned in its attempt to become popular and practical—a consummation devoutly to be wished.

It already forms, much more than Greek, an integral part of all education claiming to be called liberal, and the elevating it to the dignity of the international language would be attended with no more violent interference in the present college curricula than would result from a demand for a little more attention to it, and for the adoption of a natural, rational method of instruction. The present formal scholastic method can only be condemned. The object is to learn to think in a language, and this can be accomplished only when the *ear* is the medium by which ideas are aroused, rather than the eye. This conforms to the rational way of acquiring language, and until Latin is taught conversationally, we cannot hope to find the freedom and fluency in its use that would be necessary. On the continent of Europe, more especially in Germany, we find Latin occupying very nearly the position it held when it was the universal language of scholars. There it would take but very little effort to reinstate it. The facts, that there would be no new characters to become familiar with, no written accents to apply, nothing but comparatively simple grammatical structures to master, would all tend to facilitate its adoption. We do not pretend to claim for

it linguistic superiority over the Greek, but we maintain that it could be made to answer every purpose, and could more readily be made to meet with recognition as the international language for scholars.

Of all modern languages there is scarcely a doubt that the German has a pliability and an applicability to all possible uses not found in any other; but the difficulty of its pronunciation, and more particularly its national associations, would effectually bar its acceptance.

We would, therefore, be in favor of efforts looking towards a more or less official recognition of the claims of the Latin, and with this a certain degree of pressure upon the classical schools and colleges to change their methods of instruction so as to give their scholars a practical working knowledge of a language to which they devote, as it is, several years of almost profitless study.

FESTINA LENTE.

WE see from the secular press that the President of the Board of Governors of the Montreal General Hospital has announced that the antitoxine treatment of diphtheria has not proved a success, and has been abandoned.

In view of the short time it has been on trial, and of the numerous reports of successes attending its use elsewhere, this can only be regarded as another instance of that hasty judgment so often exercised by practitioners of the old school, whereby valuable remedies are condemned as useless, because a want of discrimination in their application has shown them not to be cure-alls.

The theory upon which the antitoxine treatment is based seems to us to be a correct one, and, if figures do not altogether lie, it will well bear further investigation and trial, until its proper place in the therapeutics of a much-dreaded disease can be definitely settled. We cannot expect to find in it a remedy of universal application any more than we do in any of our so-called homœopathic remedies.

AN ACT TO ESTABLISH IN PENNSYLVANIA AN ASYLUM FOR THE HOMŒOPATHIC TREATMENT OF THE INSANE.

A BILL has been introduced in the Pennsylvania Legislature to provide for the selection of a site and the erection and equipment of a State Hospital for the Insane to be called the State Hospital for the Homœopathic Treatment of the Insane of Pennsylvania, and making an appropriation therefor. The principal features of this

bill are: The appointment of five commissioners to serve without compensation, to select a site and build the hospital. They are to select, within four months of the date of their appointment, a farm or tract of land not less than two hundred acres in extent, so located as to be within convenient distance from some city or town and easy of access by railroad. The plans for said hospital are to be prepared by said commissioners and approved by the Board of Public Charities. To enable the Commissioners to purchase the land, and erect the buildings, an appropriation of three hundred thousand dollars is provided for. The commissioners are directed to proceed to erect the buildings and complete the same within two years from the passage of the act.

On the completion of the said hospital the commissioners are to surrender their trust to a board of trustees, to consist of nine members, who are to serve without compensation and are to be appointed by the governor, by and with the advice and consent of the senate. The said trustees are to take charge of the proposed institution; they are to appoint a competent and skillful homœopathic physician, who shall be superintendent, and shall have charge of the hospital, both professionally and otherwise.

The hospital is to receive insane patients of the commonwealth, preference being given to recent cases, and, as far as the capacity of the hospital will permit, the indigent insane shall have precedence of paying patients.

The governor, judges, members of the legislature and board of public charities are to be *ex officio* visitors of said hospital.

This act deserves the sympathy and support of every citizen of the Commonwealth of Pennsylvania. The State has established the principle of taking care of her insane wards, and has made ample and liberal provision for those desiring allopathic treatment, maintaining five large hospitals or asylums. The patrons of homœopathy pay at least one-third of the taxes supporting these institutions, and have never been represented in the medical service of the said hospitals. There is not the slightest disposition on the part of the people of Pennsylvania to continue this injustice to that portion of the community desiring homœopathic treatment for their insane, and all that is necessary to make this movement to establish a State hospital for the homœopathic treatment of the insane a success is for each homœopathic physician in the State to call, and have their influential patrons do the same, upon the members of the senate and house of their district, and explain the features of the bill and invite their hearty co-operation and support.

GLEANINGS.

GENERAL MEDICINE.

CONDUCTED BY

WM. W. VAN BAUN, M.D., AND FRANK H. PRITCHARD, M.D.

BILIARY CIRRHOSIS OF THE LIVER.—Dr. N. Goluboff, in a lecture on a typical case of this disease, contrary to the views of the French writers, holds that perihepatitis is not a distinct feature and the exacerbations of the disease which are thought to be due to exacerbations of the perihepatitis may be dependent upon the diseased processes in the liver itself—angiocholitis and periangiocholitis—as the affection is closely connected with diseased conditions of the biliary passages. Yet these may be lacking during the entire course of the disease. Towards the end of the disease, especially if it has pursued a protracted course, decided disturbances of the portal circulation may complicate with more or less ascites and dilatation of the cutaneous veins; at the same time, the liver may decrease greatly in size. Formation of new bile passages is not necessarily a peculiar nor a characteristic feature. As to treatment he believes that a better outlook is offered if one administer calomel before the disease has affected the connected tissue; while it remains a diffuse, catarrhal angiocholitis.—*Centralblatt fuer die Medicinischen Wissenschaften*, No. 41, 1894. (Dr. Knud Faber has recently published an interesting article on this disease and its relation to intermittent bilious fever. *Hospitals Tidende*, Nos 44, 45, 1894. Professor V. Hanot who first described biliary cirrhosis has also published an article on hepatic cirrhosis of cardiac origin.—*La Semaine Médicale*, No. 37, 1894; abstracted in *THE HAHNEMANNIAN MONTHLY*, September, 1894.—Eds.)

MILK IN TYPHOID FEVER.—Professor A. Seifert proceeding from the fact that the majority of digestive disturbances of children are due to bacteria that decompose milk and typhoid fever being essentially an intestinal affection would hold it to be contraindicated, in this disease. Therefore, for the past five years he has withheld milk in all his cases of typhus and typhoid and also employed methodic irrigations of the rectum. His patients varied in age from seven to seventy-five years and the typical typhoid symptoms were present. In all the cases the temperature fell one degree (C.) after beginning treatment and reached, in ten days, the normal, provided that no complications as pneumonia, phlebitis, thrombosis or nephritis appeared; besides this, within twenty-four hours, the delirium decreased, the abdomen became less distended, the pulse slower and stronger, the headache, sleeplessness, vomiting and diarrhoea much less pronounced. He does not think much of baths or cold packs, for if the milk be withheld the result will be prompt. Alcohol was only administered to drinkers; the others received black coffee or tea as stimulants. As a diet he ordered large quantities of water, and every three hours, a cupful of barley or oat soup mixed with bouillon and from the third day, alternately, pea soup. He regards milk as a food for the bacteria and not for the patient. If the modern gynecologist or surgeon evacuates all infected cavities and attempts to keep them free from accumulated products of infection it is high time that the clinician should, in typhoid fever, keep the patient's intestines free from substances favoring infection.—*Deutsche Medizinische Zeitung*, No. 98, 1894.

APPENDICITIS.—Dr. Le Gendre opened a recent discussion on this subject in the Paris Hospital Society, beginning by saying that it is necessary to distinguish appendicitis from perityphlitis of cæcal origin which will most likely undergo resolution, without surgical intervention. In appendicitis and appendicular peritonitis surgical interference may, at any time, be required, though, in the majority of cases, medical treatment alone will bring about recovery. In doubtful cases an exploratory incision is indicated for it may save life, in case of perforation of the appendix and it does not compromise the patient's life if done under aseptic precautions. The general and local condition of the patient should be carefully watched, he be seen

twice a day and the cæcal region be carefully examined, but with discretion. If, at the end of forty-eight hours, the temperature does not fall, the pulse decrease, and the fæces improve, an exploratory incision is called for, and with their continuance on the third day, it is absolutely necessary. The presence of congested or broncho-pneumonic foci in the lungs is no contraindication. In recurrent appendicitis a resection of the appendix during the quiescent interval is advisable, after the second or third attack; this is particularly true of hysteric subjects who are especially prone to repeated seizures.

Dr. Sevestre finds a very complex and varying series of clinical pictures grouped under the heading, perityphlitis. Perityphlitis of cæcal origin generally yields to medical measures and surgical intervention is only justified whenever the continuance of fever and the other symptoms point to suppuration. The cases of appendicular origin, so frequent in youths, generally are restored by medical treatment, yet they demand rigorous and constant surveillance and may require an operation, at short notice. Purgatives are formally contraindicated; absolute rest, diet and opium (?) are the classic measures.—*Le Progres Médical*, No 49, 1894.

HINTS ON THE DIAGNOSIS AND TREATMENT OF DISEASES OF THE STOMACH.—Professor Dujardin-Beaumez calls attention to a few important yet little known points which are of great value in the diagnosis of stomach affections. The morning meal, consisting of coffee or milk, tea with a little sugar and milk, with one or two slices of bread or pieces of toast spread with butter, taken at the same hour and in the same manner, is a very important test. If the organ is physiologically normal no morbid reaction should follow; on the contrary, a series of morbid phenomena follow which are of diagnostic value.

A feeling of heat in the stomach, two hours after eating, indicates acid dyspepsia—exaggerated secretion of acid, hyperchloridric dyspepsia. An abundance of gas, sensation of weight or sluggishness of the digestive movements, is significant of hypochloridric—dyspepsia—lack of acid. Pains commencing a quarter of an hour after and increasing gradually are signs of duodenal involvement—gastro-duodenitis.

Painful cramps and vomiting are indicative of disturbances of the muscular and nervous apparatus of the stomach. One should always ask the patient when the disturbances set in. In hyperchloridria always, three or four hours after eating, there is a sense of heat and burning in the stomach which reaches its greatest intensity during the night. Moving in bed will awaken the patient with a feeling of heat and burning in the stomach and œsophagus. Taking food may relieve or aggravate the pains; the former is generally true of hyperchloridria.

In the painful forms of dyspepsia, and particularly in the gastralgia of chlorotic patients, there are observed actual crises whenever food is taken.

The occupation and residence of the patient is of service, for hyperchloridric dyspepsia, and gastric catarrhs are often true professional diseases, in those who deal in alcoholic beverages, those who follow laborious occupations and also those who work at night, such as butchers and bakers. In certain cities or regions alcoholism is common.

As to treatment, all patients with gastric affections should sleep upon the right side to favor the passage of food into the duodenum. If one rests upon the opposite side an abundance of gas is produced and regurgitation of food into the œsophagus and even into the throat, with painful suffocating seizures, may occur. Warm water is a useful adjunct in exciting muscular contractions of the gastric musculature, and as it sometimes causes vomiting from this very cause, infusions of chamomilla, anise, etc., are to be preferred. In atony of the stomach, with slow digestion and dilatation of the stomach, he advises taking from an hour to an hour and a half after meals a small teacup of some warm aromatic infusion. In the same conditions small doses of alkaline mineral waters, ingested in small doses an hour before meals will provoke the secretion of gastric juice and increase the acidity. Massage is of value in combating the muscular paresis and stasis of food in hypochloridria.—*Rivista Clinica E Terapeutica*, No 10, 1894.

THE DISEASE OF THE RUSSIAN TSAR, ALEXANDER THE THIRD.—At the necropsy, performed by Drs. Klein, Zernoff, Popoff, Altukoff and Belusoff, the diagnosis made during the patient's life of atrophic granular nephritis was confirmed for a granular nephritis with cardiac hypertrophy and decided fatty degeneration of the heart muscle was found, together with an infarct in the left lung. *Hospitals*—

Tidende No. 47, 1894. (The whole report of the necropsy may be read in full in *La Semaine Médicale*, No. 64, 1894).—EDS.

EMPHYEMA OF THE PLEURAL CAVITY OF ABDOMINAL ORIGIN—PYOTHORAX SUBPHRENICUS.—Dr. S. Laache, of Christiania, reports two cases of subdiaphragmatic pyothorax in women of about thirty years of age. As to diagnosis it is important to have a preceding history of an abdominal affection, as for example a perityphlitis, a gastric ulcer with complications which point to the pleura. In one of his cases there was perforation of the diaphragm; resection of several ribs was done and a certain quantity of pus was discharged, the patient, formerly in poor health, improved decidedly, and the fistula closed; yet in fifteen days it reopened spontaneously and pus was again discharged, while during the past six months this has recurred at regular intervals of two to three weeks. Though the cicatrix appeared firm and resistant, yet it would open and the fistula would discharge. There was a long and narrow fistulous tract which perforated the diaphragm and which was due to a preceding gastric ulcer. The patient's general health remained good; the lung was full of air and filled the chest cavity.

The other case was one following an attack of perityphlitis, but with no perforation of the diaphragm, for that muscle was merely pushed up into the thorax. Resection showed the pleural cavity to be empty, after adhesion of the two layers of the pleura had taken place the abscess was opened and a large quantity of pus of a fecal odor was evacuated.—*Norsk Magazin for Lægevidenskaben*, No. 11, 1894. (In the same journal Dr. Kr. Thue records a similar case where the purulent effusion followed perforation of a gastric ulcer situated upon the upper and anterior portion of the stomach, near the lesser curvature. The abscess perforated into the left pleural cavity without causing an adhesion of the lung to the diaphragm, as is taught by Leyden; the lung was only compressed but otherwise perfectly intact. See the abstract of the article by Dr. Bieganski in the January number, 1894, *On the Differential Diagnosis of Subphrenic Abscess*.—EDS.)

SUBNORMAL TEMPERATURES.—Dr. V. Janssen in order to verify Quincke's statement that subnormal temperatures are more frequently observed than is usually thought, has looked through the clinical records of the past fourteen years of the medical clinic, at Kiel, Germany (over four hundred cases.) He finds that it has been observed in the following conditions:

1. From immediate abstraction of body heat, sleeping in cold air, after cold baths, etc.
2. After great loss of fluids, especially in violent diarrhœa and in dysentery and profuse hæmorrhages.
3. In chronic anæmias and cachexias, as cancer, chronic nephritis, amyloid degeneration, diabetes, marasmus, mental diseases.
4. In grave circulatory disturbances, as heart insufficiencies and stenoses of the respiratory passages.
5. In different diseases of the nervous system, as meningitis, cerebral hæmorrhages, and emboli, brain tumors, syphilis, injuries, and progressive paralysis.
6. After irritation of sensory nerves, as in colic, intestinal incarceration and perforation.
7. In extensive skin diseases, as universal eczema, urticaria.
8. In feverish affections as malaria, recurrent fever, pyæmia, pneumonia, typhus, etc., during the course of the fever itself as well as after deferescence.
9. Under the action of certain poisons, as phosphorus, alcohol, atropine, morphine, carbolic acid, antipyretics and mercury, as well as under the influence of those formed in the body in uræmia, diabetic coma and icterus.

Finally, in healthy persons, subnormal temperatures are not so rare. It may occasionally sink to 33° C. without there being an actual collapse.—*Deutsches Archiv fuer Clinische Medicin*, LIII, 3 and 4, p. 247, 1894.—(Professor J. Teissier, of Lyons, France, recently lectured on febrile affections with normal or subnormal temperatures.—abstracted in *THE HAHNEMANNIAN MONTHLY*, June number, 1894; Dr. L. W. Flinn records a case of typhoid fever in point, in the April number, 1894.—EDS.)

INFECTIOUS PSEUDO-RHEUMATISM.—Dr. Brault recently reported to the Paris Surgical Society two interesting cases of pseudo-rheumatism. The first was that of a soldier who entered the hospital with a serious attack of dysentery; three days after a swelling of the right knee-joint was noticed, which became red and shining.

At the same time the temperature rose to forty degrees (C.); in two days the articulation was punctured and two hundred grams of a turbid serum was abstracted, which was found to contain numerous streptococcus. Therefore, the joint was irrigated with an antiseptic solution, after which the temperature rapidly fell and a recovery soon followed. The infectious pseudo-rheumatism and arthritis following dysentery is generally benign and rarely go on to suppuration. This complication is quite infrequent, for out of two hundred and fifty cases of dysentery he has observed it but six times.—*Revista De Ciencias Medicas De Barcelona*, No. 21, 1894. (Compare article by Dr. Grocco abstracted in HAHNEMANNIAN MONTHLY No. 3, 1894.—EDS.)

AN EARLY SYMPTOM OF ARTICULAR TUBERCULOSIS IN CHILDREN.—Dr. d'Arcy Power claims that swelling of the bursa in the neighborhood of joints and especially that of the hip joint is an early sign of joint disease of tuberculous origin.—*Der Kinderarzt*, No. 12, 1894.

CANTHARIDATED COLLODION IN LARYNGEAL STENOSIS IN CROUP.—Dr. Bremer in grave cases of laryngeal stenosis with croup, advises painting a place on the front of the throat with cantharidated collodion of the size of a half-dollar. It should not extend down below the lower border of the thyroid cartilage on account of a possible tracheotomy. In a girl two smaller ones may be painted, one on each side above the thyroid and cricoid cartilages, for there the resulting pigmented spots are less noticeable.—*Ibidem*.

GENERAL SURGERY.

CONDUCTED BY

WM. B. VAN LENNEP, A.M., M.D. AND H. L. NORTHROP, M.D.

PERFORATION MISTAKEN FOR APPENDICITIS.—Bryant (New York) relates the case of a man who was brought to the hospital after having been suddenly seized with violent pain in the right side of the abdomen while walking the streets following a debauch. He had first been taken to a drug store, then to his home, and forty-eight hours after entered the hospital. At this time he was in marked collapse. There was dulness over a tumor in the region of the appendix, and general tympanitic distension existed. The patient refused consent to an exploratory incision until four or five hours later. A large amount of pus and white, milky-looking fluid escaped from an incision into the tumor. The cavity was washed out, but nothing more was done, as further interference would have resulted fatally at once. A large drainage-tube and gauze were introduced. The interesting point in the case was revealed at the autopsy when it was found that the trouble had arisen from a perforating ulcer in the duodenum, the size of a small lead-pencil. It was evident the leakage had run down to the region of the cæcum, and there had been hemmed in by inflammatory products, simulating appendical abscess. It was a case, then, in which perforation was taken for appendicitis before and after admission to the hospital.—*Medical Record*.

DRY SURGERY IN GERMANY.—The American students and practitioners of medicine who have been trained to look upon irrigation as essential to the aseptic handling of wounds in their after-treatment are always quite astonished at the apparent disregard the German surgeons seem to have for this method of securing good results. The patient is brought in, the dressings removed, the wound examined, squeezed lightly, oozing pus is wiped off and dressings, dry or wet, as may be necessary, are reapplied. Even in the treatment of deep abscesses, or where septic processes are going on, irrigation is never resorted to, the surgeon seeming to have all faith in his drainage-tubes without resorting to the stream of bichloride water as used by American surgeons. They probably get just as good results in Germany as are obtained in the United States, but their methods of wound-handling are certainly not so cleanly as those used in the latter country.—*Memphis Medical Monthly*.

ANTEVERSION AND ANTEFLEXION OF THE KIDNEY CONSECUTIVE TO A NEPHROREHAPHY.—Segond calls attention to an interesting case communicated under the above title by M. Walther. It concerns a woman 28 years of age upon whom

Segond had operated about five years ago on account of pain caused by a floating kidney. An interior nephrorrhaphy was performed, the patient was cured, and the functional result was perfect. The renal pain disappeared until about two and one-half years ago, when the woman had a fall and immediately experienced an extremely violent pain in the kidney, which had been fixed. It felt, to use her expression, as if the organ had been twisted. The pain was atrocious, persisted, and, in fact, grew more intense. The patient was sent to the writer by M. Walther. Examined under chloroform the kidney was found in place and immovable. A perineal laceration from which she suffered was repaired, but no other operation was undertaken, and she left the hospital still complaining of renal pain.

This pain persisted for more than two and one-half years, when Walther resolved to operate. Following the line of Segond's incision, he found an extremely solid, fibrous tract, attaching the kidney to the abdominal wall, but corresponding only to the lower half of the viscus, its upper half being turned and bent forward. M. Walther replaced the flexed portion and attached it likewise to the abdominal wall. The result was perfect, and the patient, freed from pain, as after the original operation, was able to resume her occupation.

This case forcibly demonstrates the utility, in certain cases, of the surgical treatment of floating kidney, although the speaker does not advocate its practice in all cases. He has performed six operations, generally for the relief of pain, and the results, from that point of view, had been favorable.—*La Semaine Médicale*.

TO LUBRICATE CATHETERS.—The Paris correspondent of the *Lancet* says that Guyon, of the Neckar Hospital, uses the following formula :

R. Bichloride of mercury,	. . . . .	gr. j.
Glycerin,	. . . . .
Water,	. . . . .	aa dr. ij.
Powdered soap,	. . . . .	dr. iv., M.

This ointment is claimed to be unirritating to the urethra and to possess greater lubricating power than either oil or glycerine.

PSAMMONOUS CARCINOMA OF THE MAMMARY GLAND.—Neugebauer reports the case of a woman of 50 years who was apparently suffering from an ordinary carcinoma of the breast. It was extirpated, and the grains of sand—due to a calcification of the epithelial cells—were first noticed at the microscopical examination. They were found not only in the primary growth, but also in enlarged glands in the axilla. Up to the present, such tumors have only been noticed in connection with the ovary, and this case is the first one of the female breast, with secondary growths of the same nature in the axillary glands.—*v. Langenbeck's Archiv*.

TREATMENT OF HYDROCELE.—E. Theodor has treated thirty-six cases of hydrocele, especially in children, with excellent results, by preliminary evacuation of the fluid with an ordinary hypodermic needle, which is introduced anteriorly and downwards, as the testicle is generally situated superiorly and posteriorly. The syringe is then detached from the canula and the fluid forced out by gentle pressure upon the scrotum. Leaving the needle *in situ*, two syringefuls of a 1:5000 bichloride solution are thrown into the sac of the hydrocele. After withdrawal, the puncture-point is closed with a piece of adhesive plaster or with a dab of iodoformized collodion. The next day a slight swelling of the testicle, without reddening, will be noticed, and absolutely without either pain or fever, which frequently are associated with injections of iodine. In about fourteen days this will have decreased so that both testes are of equal size. All of his cases thus treated progressed to recovery, and without recurrence, which is so frequent by other methods. As to the explanation, he thinks that the bichloride forms an albuminate with the serum, which is so rich in albumin, and thus brings about an adhesion of the serous surfaces.—*Memorabilien*.

REDUCTION OF HERNIA DURING COUGHING.—G. Wherry speaks very highly of the utility of having the patient cough continuously while attempting to reduce incarcerated hernia. He bases his statements upon the efficacy with which he has tried it in a large number of cases. Taxis need be but slight and applied without much force. Thus, he succeeded in reducing a femoral hernia in ten to fifteen minutes, where two physicians had attempted reduction by taxis under an anæsthetic, but without success. The active factor seems to be the alternating contraction and relaxation of the inguinal rings, of which one may easily assure one's self by introducing a finger into the canal while the patient coughs.—*Memorabilien*.

GYNÆCOLOGY AND OBSTETRICS.

CONDUCTED BY

GEO. R. SOUTHWICK, M.D.

THE USE OF FORCEPS.—The indications for applying the forceps in two hundred and eighteen cases at the clinic of the Berne University were as follows:

Weak pains, 55.5 per cent.

Asphyxia of the child, 38 per cent.

Abnornity of the parturient canal, 11.57 per cent.

Prolapse of the cord and head, 6.4 per cent.

Eclampsia, 5 per cent.

Abnormal position of the head, 7.3 per cent.

Disproportion between the head and the pelvis, 15.8 per cent.

Primipare offered the largest contingent of cases due to rigidity of the pelvic floor.

If the head is in the brim of a contracted pelvis, the forceps are applied as a tentative measure, and if the head does not descend after ten or twelve strong tractions, symphyseotomy is performed if the fetal heart sounds are good: formerly perforation was practiced.—*Centralblatt für Gynäkologie*, No. 45, 1894.

ELECTRICITY AS AN AID TO DIAGNOSIS IN GYNÆCOLOGY.—Houdart states the following results from a long series of observations by himself and others.

1. The electric examination, either faradic or galvanic currents, is an important aid to diagnosis. It is, like any clinical method of examination, not without fault or infallible.

2. The faradic current will not lead us to discover inflammations of the uterus or neighboring tissues, but it suppresses almost invariably ovarian or uterine pains of nervous origin, *i.e.*, with this aid it is possible to recognize whether the disease depends or not on organic changes.

3. The galvanic current of medium intensity (56 milliampères) is sometimes well borne and sometimes not. If well borne, it can be assumed with almost certainty that no inflammatory process is present in uterine appendages or neighboring structures. If this electricity is badly borne, inflammation of the appendages or in the pelvis is present in ninety out of a hundred cases. Pregnancy and acute peritonitis are the only contraindications to using electricity.—*Ibid.*

THE TREATMENT OF CRACKED NIPPLES was discussed by the Hamburg Obstetrical Society. Schnader finds inunction with glycerine or tannin and glycerine the best remedy. He has found the mucilaginous pulp of oats or barley, cooked twice a day, so as to be perfectly fresh and applied freely before nursing, to give great relief. It makes the nipple more slippery for the baby. The nipples are washed and dried carefully after nursing and exposed freely to the air which hardens again the horny layer of skin softened by nursing. He has abandoned the use of borax, carbolic or other acids, as well as cauterization with bluestone (sulphate of copper).

INTESTINAL OBSTRUCTION AFTER COELIOTOMY WITH REFERENCE TO DRY AND MOIST ASEPSIS IN THE ABDOMINAL CAVITY.—Dr. Schiffer reports that for two years dry asepsis was practiced in all laparotomies. The instruments were sterilized dry and wrapped in sterilized gauze and placed in covered glass trays. The abdominal wound was sponged with small wads of gauze. Artificial sponges (gauze compressed) taken directly from the sterilizer were used dry in the abdominal cavity and were used only once. It was noticed that the dry compresses often adhered to the intestines or to the peritonæum, and that the latter became dry and lost its shining appearance. It was noticed that there was longer continued and more serious disturbance of intestinal peristalsis than when moist asepsis had been employed previously. There was more frequently marked meteorism, especially after long continued operations. Enemas and large doses of castor oil were often necessary on account of the frequent symptoms of intestinal occlusion. In these two years in which dry asepsis was practiced there was one hundred and thirty-two laparotomies with ten deaths, only one of which was due to infection and five were due to intestinal occlusion. As a result of exact experiments, Walthard concludes that long continued contact of the atmospheric air with the normal serous membrane of the abdominal cavity causes a necrosis of the superficial cellular layers by

drying them, an injury which in completely aseptic conditions may be a cause of peritoneal adhesions. The danger of drying the serous membrane in long continued intra-abdominal operations lies in peritoneal adhesions if aseptic, and purulent peritonitis if infection takes place. He therefore recommends moist asepsis instead of dry in all long continued operations of the abdominal cavity, and sterilizing instruments and dressings with Tarel's solution (2.5 Na. carbon. calcine, 7.5 Na. chlorat. pur. to 1 liter water). He reports forty-six successful cases from the Berlin clinic without any symptoms of ileus, and flatus passed on the first or second day after the most difficult operations. Schiffer reports seventy-six celiotomies without serious symptoms of intestinal occlusion, and the clinical results in Berne and Leipsic have led to the present use of moist and warm asepsis.—*Centralblatt für Gynækologie*, No. 38, 1894.

THE TREATMENT OF ECLAMPSIA.—Gener found fifty cases in five thousand labors. Twenty-nine per cent. of the mothers died and fifty-two per cent. of the children. The treatment consisted in baths and packs for diaphoresis, morphine, opium and chloral hydrate, chiefly morphine. He recommends morphine in the beginning of an attack, to be repeated several times if necessary. Sweating by baths and packs, and abstinence from all disturbances, even careful examinations which may produce an attack. Pilocarpin is generally abandoned. Continuous chloroform. Narcosis is possible, but not without danger. Delivery should be practiced as soon as possible without great danger to mother and child. Dührssen's method of delivery by deep incisions in the cervix is to be condemned on general principles, and should not be performed by the general practitioner.—*Centralblatt für Gynækologie*, No. 42, 1894.

VAGINAL HYSTERECTOMY FOR PELVIC SUPPURATION.—Landau has collected seven hundred and one cases of ovaro-uterine castration with a mortality of only 4.4 per cent. as compared with 5.59 per cent. in one thousand six hundred and twenty-six laparotomies by distinguished operators for chronic inflammations of the appendages. This operation is growing in favor with Segond, Jacobs, Penn, Richelot, and many others. Bland Sutton advocates abandoning the abdominal in favor of the vaginal operation.—*Archiv. für Gynækologie*, B, xlv., Part I., 1894.

NEW METHOD OF VENTRAL FIXATION OF THE UTERUS.—Czempin recommends placing the patient in the Trendelenburg position, division of the recti muscles down to the peritonæum, which is separated a little on either side of the incision. The uterus is then elevated against the incision, and the fundus is sewed in position through the peritonæum without incising it.—*Zeitsch. f. Geburts and Gynæk.*, Bd. xxx., 1 and 2.

OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

CONDUCTED BY

CHAS. M. THOMAS, M.D.

OCULAR MOVEMENTS AND THE CEREBRAL CORTEX.—After giving a short account of previous experimental investigations in the same field, from which it is evident that none but the lateral movements of the globes have been obtained by means of cortical excitation, Russell mentions that it had occurred to Jackson that the reason of this was that these movements are so much more powerfully represented in the cortex than any other ocular movements that they overpower the latter when the eye area is stimulated. Jackson accordingly suggested to Russell that he should first exclude the possibility of the lateral movements taking place by cutting the muscles which cause them and then attempt to evoke the other ocular movements by excitation of the eye area of one cerebral hemisphere. Accordingly, the external rectus muscle of the opposite eye and the internal rectus of the eye on the same side as the hemisphere to be stimulated were divided before the cortex was stimulated, and this procedure resulted in the demonstration that cortical excitation could produce upward and downward movements of the eyeballs as well as certain other movements of the globes. In another series of experiments the external rectus of the opposite side alone was divided, and in another series both lateral recti of the opposite eye. Under these various circumstances cortical excitation of one hemisphere gave rise to the following movements: (1) a direct downward move-

ment of both eyes; (2) a similar upward movement of both; (3) movement of both globes downward and to the opposite side; (4) movement upward to the opposite side; (5) a movement of convergence of the eyes; (6) a direct lateral movement toward the side of the hemisphere stimulated; and (7) a movement upward and to the same side. Of these movements the first four were obtained with great precision by the excitation of definite points in the eye area. Although Russell does not claim that his researches represent any attempt at precise localization of ocular movements in the cerebrum, but only show the existence of points in the hemisphere by excitation, of which ocular movements other than lateral can be obtained, his experiments and his figures suggest that the localization of those ocular movements is just as precise as that of movements other than ocular for which definiteness is claimed. As regards the last three movements in the list, viz., Nos. 5, 6 and 7, they were not obtained with the constancy and uniformity with which the first four were. —*The Lancet*.

TREATMENT OF ATROPHIC AND HYPERTROPHIC RHINITIS.—Pick (*New York Medical Journal*) states that cleanliness is the foundation upon which rests all success in modern medicine and surgery. It is also of paramount importance in any and all methods of treatment of the affection under consideration.

The mucous membrane of the nose and naso-pharynx must be thoroughly cleansed of the mucus, muco-pus and scabs which continuously collect on it in these affections. No application—antiseptic, astringent or otherwise—can be of any use unless applied to a perfectly clean mucous membrane.

A good antiseptic and deodorizant cleansing solution is: Sodii bicarb., grs. xx.; listerine, ʒss.; aquæ, q. s.; ad ʒij. (or a solution of Seiler's tablet may be used here).

The next step of importance in the treatment is to make stimulating applications by means of a cotton-tipped probe dipped into the selected preparation and by the atomizer. Among the stimulating applications the following may be mentioned: Tinctura iod., glycerini, aa partes æqual; to be applied thoroughly over the mucous membrane. A 5 per cent. or 2 per cent. preparation of kerolin-ichthyol (a bland petroleum oil of the paraffine variety and ichthyol) is another good application.

TREATMENT OF TRAUMATIC CATARACT ATTENDED WITH RAPID SWELLING OF THE LENS.—Ball (St. Louis), holds that in cases of traumatic cataract with rapid increase of intraocular tension, an operation should be performed, and if it should not be linear extraction, but an extraction made with the Graefe knife, and with the incision located in the corneo-scleral junction. The knife should cut from one-third to two-fifths of the corneal circumference, according to the extent to which the softening process in the lens has advanced. If glaucoma supervenes with softening of only a small part of the lens, the corneal incision should be large. If the softening involve the whole of the lens, the incision should be of less extent. The chief merit of the operation lies in the avoidance of the valve which is produced by the linear method. In other words, the author's method permits of free evacuation of all the lenticular substance with the least amount of traumatism. An iridectomy is not made. All débris is removed at once. This cannot be accomplished by the linear method.—*Medical Record*.

OBSERVATIONS ON SORE THROAT DUE TO CONCRETIONS IN THE TONSILS.—Cline (Indianapolis), holds that every experienced practitioner can recall cases of recurring tonsillitis or sore throat that often develop without any apparent cause, but which are doubtless due to chronic inflammation of the follicles, with altered and retained secretions. It is to this class of cases that he invites attention. He deals more particularly with the cheesy bodies and not the calculi which are probably the outgrowth of the long retained cheesy deposits acting as a nidus for the deposit of the more solid materials, as phosphate and carbonate of lime, iron, soda, and potassa, etc. The concretions are doubtless the result of a catarrhal condition of the mucous lining of the follicles, often coupled with a uric acid diathesis. Some writers believe them to be parasitic in origin. They predispose to attacks of quinsy, and in his judgment are the cause of the majority of these cases, and they can be permanently cured by carefully searching for and destroying all the crypts and pockets in which these bodies are formed. He reports several interesting cases, and states that perverted secretions of the follicles of the tonsils from catarrhal inflammation resulting in cheesy concretions are the cause of more sore throats and quinsy in adults than any or all other causes combined.—*Medical Record*.

MONTHLY RETROSPECT

OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY

CLARENCE BARTLETT, M.D.,

FRANK H. PRITCHARD, M.D., AND F. MORTIMER LAWRENCE, M.D.

A PROVING OF ANEMONE NEMOROSA.—A writer under the initials J. B., in the *Homœopathic World* (November, 1894), records some observations on anemone nemorosa and a proving on himself. On Wednesday about midnight, he took 20 drops; no particular symptoms. On Thursday night took 40 drops; slept well; awoke next morning without headache, passed extra quantity of clear urine. About 9.30 A.M. headache came on, and continued till afternoon. Friday night took a drachm; could not sleep for an hour or two for a feeling as if there was too much blood in forehead. Awoke next morning without headache, but had numb sensation on right side of scalp, brain quite clear, extra urine, very slight headache during forenoon. Sunday, 9 A.M., immediately before breakfast took 2 drachms; almost immediately had full congested feeling in forehead and eructations of wind, tasting of drug. The congestion lasted several hours. Passed extra quantity of urine in afternoon, also clear mucus from lungs came up without any effort as if it had been oiled; feeling of indigestion more or less all day. Slight headache came on about 6 P.M. Monday, headache came on after breakfast, confined to right side of forehead; chilly feeling during day followed by hot burning feeling about 6 P.M.; indigestion, loose mucus, and extra urine still continued. Tuesday, no return of chill or hot feeling; other symptoms not so pronounced, eructations of wind from stomach and flatulence from bowel; stools passed very easily as if soaped. Wednesday, symptoms had nearly all disappeared except loose mucus; slight flatulence, and easily passed stool. Thursday, Friday and Saturday, occasional slight vertigo. Sunday, bowels loose but not uncomfortable. Monday, loose bowels, with return of headache. Tuesday, the same, very pronounced headache and griping in bowels. From this time organs appear to have resumed their normal condition, and he now enjoys excellent health. . . . This plant appears to exert an influence on the whole mucous tract, causing increased secretion and primarily an increased flow of blood to the head. Its secondary headache is quite different in character, and resembles that which accompanies some forms of acute indigestion. It has much in common with black hellebore, which it greatly resembles in appearance. Popular botanical works credit it with promoting menstruation, and being useful as an ointment in inflammation of the eyes, amaurosis, cataract and opacity of the cornea, also in chronic rheumatism.

TREATMENT OF INFLUENZA BY GERMAN HOMŒOPATHS.—At the sixty-second meeting of the German Homœopathic Central Association, in a discussion on a paper by Dr. Windelband, of Berlin, on the treatment of influenza, aconite, bryonia, and nux vomica were praised in the febrile stage of the disease; in pulmonary complications tartar emetic and phosphorus were found of service. Dr. Windelband has confirmed the value of rhus tox. in complicating neuralgic pains. Dr. Mossa finds camphor indicated in intense and long lasting sensation of chilliness in the back, while Dr. Kroener thinks this remedy of value when the disease pursues an adynamic course; he has several times employed it thus with striking results. Dr. Lutze would use nux vom. in that chilly state, Dr. Gross veratrum, and Dr. Matthes, sabadilla. Dr. Leeser, in the epidemic of 1889-90, thought bryonia first indicated, later chelidonium, and still later, euphrasia, to which he has clung.

In the persistent cough, after the disease has run its acute period, Dr. Mossa has employed *sticta pulmonaria*, with success.—*Zeitschrift des Berliner Vereines Homöopathischer Aerzte*, Bd. xiii., Hft. v., 1894.

HEPAR IN INTRA-MASTOID ABSCESS.—Dr. Van den Berghe, of Ghent, Belgium, relates the case of a girl of twenty years and of a lymphatico-sanguine temperament, who suffered from an acute inflammation of the middle ear. A little over a month after there was a cessation of the discharge and reappearance of febrile symptoms and signs of pus forming in the mastoid process. Trepanation of the process seemed inevitable, and the old-school surgeon under whose care she was, decided to operate the next day. Hepar sulph. 30x was prescribed by him at four o'clock in the afternoon, every two hours. The night was passed badly, and the pains were insupportable towards ten in the morning. From this moment an improvement set in, and the operation was delayed. The amelioration continued rapidly and without interruption; the next night she slept well and felt refreshed, the following morning the fever ceased, the swelling, redness and pains had disappeared in several days. Her appetite reappeared, and the stools which had been constipated for years and requiring the use of purgatives, became normal and regular. A careful examination of the various passages leading to the ear did not discover the pus to have been evacuated by any of them; the remedy had simply caused its absorption. In his long career he has observed pus to be absorbed in hypopion and abscesses of the breast under the use of hepar sulph., but never in mastoid abscess.—*Journal Belge D'Homéopathie*, No. 3, vol. i., 1894.

LACHESIS IN ANÆMIA.—Dr. Waszily, of Kiel, Germany, observed the case of a blonde, married woman of forty-three years, who complained of headache, commencing in the temples and occiput which would be aggravated by relaxing warmth or the heat of the sun, weariness and inability to do her work, appetite faulty while alcoholic beverages were badly tolerated or not at all. Much flatus was passed of a decidedly disagreeable odor, her bowels constipated, urine normal, hot flashes, globus hystericus; she could not tolerate anything tight around the waist nor throat. Her menses appeared every three weeks, the discharge being of a disagreeable odor, with preceding colicky pain in her back and abdomen. As soon as the menses were well under way her symptoms distinctly improved. Mentally, irritable. These symptoms had been appearing gradually, for about a year; since her last confinement they had been worse. Lachesis 30c. was prescribed, one dose every third evening. In about a month she felt much better; treatment continued every fifth evening. In two months nearly all her symptoms had disappeared. There only remained flatulence, intolerance of a badly ventilated room and an occasional attack of constipation. Lycopodium, 30c. was ordered, a dose every seventh evening. With that prescription her health was restored to normal.—*Archiv Four Homéopathie*, No. 9, 1894.

PODOPHYLLUM PELTATUM IN DENTITION.—During difficult dentition, so greatly fraught with danger to infantile life, in which rolling of the head is a prominent symptom, *podophyllum peltatum* stands in a strict homœopathic relationship, and acts like a charm. Also in those orders of dentition in which coldness of the face, and at the same time perspiration of the head, during the slumbers of the little patient, are present. These symptoms are amenable to the action of the drug. Again, during dentition, when this natural process is attended with painful diarrhœa, grinding of the teeth, and screaming, *podophyllum peltatum* is the drug indicated. The stools may be green, yellow, brown, mucous, or watery, and without or streaked with blood. It is also very effective in offensive, chalk-like stools, which are very frequent, and accompanied with great thirst and gagging. In constipation of an obstinate character, and of several days' duration, the drug acts homœopathically, and soon restores the bowels to a healthy action. It also acts well in removing the affection in older children, known as grinding of the teeth; this symptom usually takes place at night, while the child is lying asleep in bed.—Frederick Kopp, in *Hom. World*, October, 1894.

SILICA IN ARTICULAR AND OSSEOUS AFFECTIONS.—Dr. Stiff claims silica to be a valuable remedy in dyscrasias where the nutrition of the tissues is so altered that certain forms of chronic rheumatism, and those varieties of disease of the bones

and joints which are usually regarded as tuberculous, appear. This form generally is observed in the wrist, knee- and ankle-joints, though it may also affect the articulations of the carpus and metacarpus. The articulation is swollen by a synovial exudate, and motion hindered more or less, while the epiphyses are thickened; there is painfulness on pressure. The patient complains of a sensation of cold, and "as if dead," in the affected extremity. Near the joint, and generally on the dorsal surface, there is an enlargement as if a granulating mass was forming. It is not to be confused with gouty swelling of the prepatellar bursa, with deposition of urates, nor with inflammatory œdematous enlargement. The cutaneous temperature is not increased; it is not exactly sensitive to pressure. It is sharply circumscribed from the surrounding tissues, and it may undergo degenerative changes and lead to a granulating ulcer or fistula. The former condition he observed in a case of neurotic dystrophia; the latter in a case of rheumatic gout. It first appeared as with other gouty symptoms, on the right wrist-joint, disappearing with the other symptoms, and reappearing on the dorsal surface of the left foot, where it was first regarded as a tendo-vaginitic inflammation, then as a tuberculous enlargement, when injections of iodoform were recommended to be tried in an old-school hospital. It underwent destructive changes, with formation of a fistula. The disease was cured completely with silica. He does not exactly look upon this as either of gouty or tuberculous origin, rather dependent upon scrofulosis. He finds thujia to follow silica well; here causticum is also complementary when the state of nervous depression, lancinating bone-pains, and joint-pains, with the sensation of coldness, do not yield to silica.—*Allgemeine Homœopathische Zeitung*, Nos. 21 and 22, 1894.

THREE SILICA CASES.—Dr. Stiff reported the three following interesting cases:

M. T., an emaciated and scrofulous child, of 12 years, has been ill since October 25, 1893; for the past six months it has suffered from an inflammatory affection of the left knee-joint, which, after a preceding violent inflammatory involvement, became ankylotic, in a flexed position, with the joint reduced in size. Injections of an iodoform emulsion were made, and followed by such violent pain, in an allopathic hospital, that resection was recommended. The inner side of the articulation presented a spongy, granulating growth, while the extremity was atrophied and cold. Silica 6x was prescribed, and in eight days the joint was free from pain, so that the child was able to make passive movements. In four weeks the tumor had disappeared, while the patient's general health was much better. The child is still under observation, and has received later, thujia, causticum, and phosphorus. The flexed condition of the limb remains, but he is able to get about with the aid of a cane, and he is stronger and more robust; the joint, though contracted, is utterly free from inflammatory involvement.

2. E. K., a child of 10 years, with a pasty complexion, and scrofulous. For the last four months the left knee-joint has been swollen, tense and only with difficulty movable. The disease had pursued an insidious course; the articulation was painful on movement so that an apparatus to relieve the joint of weight was necessary; no fever. On the inner side of the articulation a spongy tumor with a similar though smaller growth on the outer side. His appetite was very good; his lungs apparently normal, but he suffered from recurrent scrofulous conjunctivitis. During the last few months several injections of iodoform in oil had been made, which has given rise to pain lasting for several days. Silica, 6x, was administered. About a month and a half later when he was discharged, the swelling had nearly wholly disappeared, he could take a few steps without the apparatus; his eyes were normal. In two months the enlargement had wholly vanished and though the joint was yet larger than normal yet it was without inflammatory reaction and serviceable. He received later, each day, calc. iodata, 3x, and each evening a dose of phosphorus, 5x. When examined, a short time ago, he was in blooming health, the joint was in the same condition and he was able to walk without the assistance of his apparatus.

3. O. M., 19 years of age, entered under treatment March 20, 1894. This case is very interesting from its history and course. Out of six children of the family, three are healthy while both of the oldest and the youngest children are all affected in the same manner. The parents are healthy. He related that during his third year while seemingly in good health, his toes began to enlarge, symmetrically, on both sides; the peripheral portions became necrotic and were cast off. The same

process appeared on the hands and so extended that the greater portion of the phalanges of the hands and feet were lacking. Some of the members were disarticulated, but this did not lead to a cessation of the disease. The patient was brought by his father, carried upon his back, into the hospital with his feet massively enlarged and swollen. The internal malleolus of the right leg presented a great spongy swelling which had already begun to undergo ulceration; the left heel also had an ulcer on it. Leprosy was thought possible yet no bacilli could be discovered; the history of the case was rather against its acceptance and a dyscrasic trophoneurosis was diagnosed. Silica, 6x and later 10x cured the ulceration in six weeks, and the swelling disappeared. His general health was very good and he left the hospital, walking in felt shoes. Thuja, phosphorus and arsenicum iodatum were given later, in the treatment. He is still in correspondence with the writer.—*Allgemeine Homœopathische Zeitung*, Nos. 21 and 22, 1894.

ATROPINE AND ARSENICUM IN GASTRIC DISEASES.—Dr. Th. H. states that these two drugs in association, to be excellent remedies in crampy pains in the stomach; they must, however, be of a cramp-like and purely nervous character and unaccompanied by any grave organic disturbances of nutrition. In this latter case they act as mere palliatives, yet even here they may be of service.—*Leipsiger Populäre Zeitschrift Für Homœopathie*, Nos. 21 and 22, 1894.

THUJA IN VERRUCOUS TUMORS.—Dr. Candy, of Brussels, was consulted by a lady who presented a verrucous tumor of the neck near the right ear and which was attached by a small pedicle. It was of the size of one's thumb and if pulled it would cause a pain to shoot through that side of her head. Besides she suffered occasionally from lancinating pains which commenced in the tumor and radiated into the neck and head or down into her shoulders and thorax. It was impossible to rest upon that side. Thuja was given in the sixth dilution and a solution of six grammes of the tincture in sixty grammes of oil of sweet almonds, was ordered to be applied locally. After several days of this treatment the growth became flaccid and cold and in fifteen days it fell off, without pain, together with several other smaller tumors of the same character without leaving a visible cicatrix. All the pain in the head also disappeared.—*Journal Belge d'Homœopathie*, No. 4, vol. i., Oct., 1894.

BROMINE IN LARYNGISMUS STRIDULUS.—In that perplexing condition known as laryngismus stridulus there are often alarming looking symptoms, and there is a sudden closure and often œdema of the glottis, the child turns blue and is convulsed. It may come on when teething, as a result of the thymus gland, or in the course of croup, when inspiration is exceedingly difficult. The child sits up in bed, turns blue in the face, clutches and tears at its throat, and gets relief for awhile from a drink, which seems to quiet the spasmodic action. Rattling of much mucus in the bronchia might make one think of ant. tart., but the author of this sketch uses bromine.—Dr. L. C. McElwee, in *Southern Journal of Hom.*, December, 1894.

CUPRUM MET. IN WHOOPING COUGH.—Cuprum met. produces a cough, with respiration spasm so protracted, that the face becomes blue, then purple, and finally, as black as stagnant blood will make it. The child appears as if dead, as the breathing ceases, and spasmodic twitching of the limbs supervenes. After a little while, which to the physician and parent seems to be ages, consciousness slowly returns, and the patient vomits; the ejected substances being food principally, or, may be, putrid mucus. If this patient can get a swallow of cold or ice water, as the attack comes on or is just beginning, it will be averted, or, so much ameliorated, that its fury will be reduced to a minimum. The paroxysm is provoked by eating, and often by coming from the cold air into the warm room; and is often preceded by unusual gayety, anxiety, and depression of spirits, in older children or young persons who can describe their feelings.—Dr. L. C. McElwee, in *Southern Journal of Hom.*, December, 1894.

CINCHONA IN HÆMORRHAGES.—Cinchona is called for in dark clotted hæmorrhages, from any part of the body, with coldness of face, collapse, gasping for breath, ringing in the ears, etc. Patient is relieved by fanning.

THE HAHNEMANNIAN MONTHLY.

APRIL, 1895.

THE HELMHOLTZ MEMORIAL IN BERLIN.

BY W. Y. COWL, M.D., BERLIN, PRUSSIA.

It is seldom that scientists in Europe collect to do honor to the memory of one of their number whose antecedents are connected with America, and it is still more seldom that royalty and other military representations lend their presence to a manifestation in simple commemoration of a student of natural science; these incidents, however, together with the overtowering genius of the deceased, were the distinguishing features of the late memorial held in honor of Hermann von Helmholtz at noon on December 14, 1894, under the auspices of the medical and other scientific societies of Berlin, Prussia.

The obituary address by Prof. von Bezold, President of the Physical Society of Berlin, Director of the Meteorological Institute and Prussian Privy Councillor, was preceded by sacred song and followed by a violin solo by Prof. Joachim of the Royal Conservatory of Music, an intimate friend of the deceased, whilst a second anthem by the chorus of the institution named concluded the ceremony.

After the same the members of the Helmholtz family were greeted by the dowager and present empresses of Germany with

the emperor, who furthermore proposed the erection of a standing monument to representatives of the scientific societies present, and subscribed himself a large sum in advance.

At the beginning of the obituary the fact was called to mind that of Helmholtz's ancestry the father's family were resident in Potsdam, while the mother, born a Penn, was descended from William, the founder of Pennsylvania, and from French antecedents.

In this piece of history it is not difficult for us to perceive a more or less sufficient explanation of that versatility of powers, comprehensiveness of mind and depth of knowledge which form the chief characteristics of the man, so abundantly evinced both in his teaching and in his fundamental contributions to science and humanity.

The interest of the present as of the previous emperors of modern Germany, in the late professor of physics at Berlin is to be attributed not only to his general renown but to the circumstance that he received his education as a military surgeon at the Prussian *Pepinière*. Coming from this school of selected and well-trained pupils he soon, however, like his compeer, Virchow, was called from its ensuing sphere of labor to a professional chair.

The unexampled position of Helmholtz in the realm of scientific literature is inseparable from the fact that he successively directed the studies of anatomy, of physiology and of physics at different universities, namely, in Königsberg, physiology and pathological anatomy, in Bonn, anatomy and physiology, in Heidelberg, physiology, as Director of the Physical Institute of the University of Berlin, the Department of Experimental Physics, and finally at the State Technical Institute, founded largely through the munificence of Werner Siemens, well known for his electrical inventions, the oversight of investigation in physics, mechanics and fine mensuration, in photography and other branches of applied chemistry, etc., beside a lectureship retained in the philosophical faculty of the university on certain applications of mathematics to physics.

His talent for reducing knowledge to a form assimilable without effort on the part of the student was not great, but the thoroughness and freshness of handling the subjects he taught was a continual inspiration to those following him, however

arduously. In this respect his mode of instruction was essentially Teutonic, in the broad sense of that term.

The most notable result achieved by one of his pupils was the physical demonstration by Hertz of the essential identity of light and electricity which had hitherto been lacking in support of Maxwell's mathematical theory.

Respecting Helmholtz's own fundamental discoveries and generalizations it is clear that both their possibility and the penetration with which he arrived at them are to be referred to his combination of mathematics and experimental physics, over which he possessed an equal and most extraordinary control.

This power enabled him repeatedly in the course of his career to take hold of a new subject, and after rapidly digesting its various branches, to almost immediately lay bare the hitherto undiscovered roots of the same. This was especially the case with problems remaining unsolved after attempts by previous mathematicians and physicists—most notably, perhaps, in a series of such problems respecting circular eddies in fluids, which had defied the energies of Euler in Germany and of La-Grange in France.

To obtain a general idea of Helmholtz's activity in original investigation it will suffice to pass in simple review the subjects of the various publications* which have flowed from his pen since the year 1848, grouping them in natural rather than chronological order.

We begin with the discovery of the ophthalmoscope. This benefit to physicians and patient, as well as to natural science, did not originate with the intention of constructing such an instrument, but simply upon seeking a means of demonstrating to students at Königsberg Bruecke's theory of the night-glare observable in the animal eye, notably in that of the carnivora; so soon, however, in this endeavor as direct observation of the retina was perceived as possible, the knowledge of the great want of means of such on the part of oculists, at once occasioned the construction of an appropriate instrument, through which the inventor soon obtained the first deep insight into the living human eye. For the theoretical solution of the problem, as Helmholtz himself stated, he required no more mathe-

* For a critical review in detail, see an obituary by Sigm. Fuchs, M.D., of the Vienna University, *Wiener Med. Wochenschrift*, September 20, 1894.

matical and physical knowledge than he had acquired at the gymnasial high school.

As in the case of the camera, composed of a spectacle-glass and cigar-box, with which Draper took the first photograph of the human face at the New York University, in 1846, enabled, by the discovery of the great sensitiveness of the bromide of silver, a discovery which has remained the basis of photography up to the present day, so Helmholtz, by means of spectacle- and cover-glasses for microscopic objects (then lens-like in form) constructed an ophthalmoscope which, afterward declared by Donders to be optically complete, has remained the basis of all succeeding instruments.

As a counterpart to this instance of immediately practical science, stands the establishment of the simple theory of vision first proposed by Thomas Young, which still furnishes the best grounded and least complicated explanation of the perception of color. Part of this work was the demonstration that different mixtures of pure color may yield white light. Thus, for instance, the blue and yellow of the spectrum neutralize each other and result in white; whilst on mixture of these hues when impure the previously imperceptible green appears.

For the mass of Helmholtz's further contributions to knowledge we will confine ourselves in this place to a simple notation of their general nature. In optics, besides many minor matters, a method of measuring the length of the ultra-violet waves of the spectrum; the discovery of the functional changes in form of the crystalline lens, and the now well-established theory of intraocular accommodation; the physical explanation of the more complicated eye-movements; the influence of diffraction in microscopy, and the calculation of the limit of microscopic vision as equal to a half-wave length of the light employed. In acoustics, the mathematical and experimental analysis of sound; the explanation of differences in quality of sound; the now generally-accepted theory of the essential nature of the various vowels; the systematic clarification of the subject of music; the application of Green's theorem to the mathematical theory of organ pipes, with the complete explanation of their phenomena; various important discoveries and fundamental generalizations respecting the physiology of the inner ear.

In mycology, in controversy with the chemist Liebig, the

proof that fermentation and putrefaction are neither spontaneous processes, nor incited by the oxygen of the atmosphere, and that alcoholic fermentation absolutely depends upon the propagable yeast plant.

In general science the mathematical establishment and generalization of the law of the conservation of energy, which had been just previously and independently demonstrated through physical experiments by Dr. Joseph Mayer, a comparatively unknown physician in Heilbronn, Wurtemberg.

In general physiology the physical proof that heat is produced in muscular action and material consumed thereby; the discovery of the period of latent action in muscle preceding the appreciable response to excitation; the measurement of the rate of transmission of nervous impulses (30 feet per second), which had been believed to be equal to that of light and electricity; the investigation of spinal reflex action and the measurement of the period of latent action in the cord; the discovery and microscopic demonstration that nerve-cells and nerve-fibres are connected with each other, which had previously been conjectural; the investigation of the effects on muscle and nerve of electrical currents of different momentary duration, intensity and rate of rise.

In general physics, the measurement of induced currents of electricity discovered by Faraday and very exhaustively investigated in qualitative respect by Joseph Henry, then in Princeton, New Jersey; the solution of the problems of circular eddies, before mentioned, researches on interrupted movement of fluid; and the internal and external friction of liquids; various fundamental and lesser contributions to the knowledge of galvanism, electro-dynamics and thermo-dynamics. Further contributions on different subjects, chiefly of a mathematical and physical nature.

When we view the great sphere of Helmholtz's original labor—above merely sketched—together with the incalculable scientific and practical results which have flowed from the same, we come to realize that breadth of mind to which attention has previously been called. This notable characteristic was, moreover, happily marked by many instances of appreciation of the achievements of other investigators. Beside Maxwell's theory—above alluded to—which Helmholtz very soon

applied to the satisfactory explanation of dispersion in the spectrum, we will only instance his interest in the phonograph, demonstrated by Mr. Edison at the meeting of German naturalists and physicians at Heidelberg in 1889.

Beneath the comprehensiveness of mind just noted it is evident, in considering his powers, that their development must have been both complete and symmetrical, and this he undoubtedly owed to his fatherland. As a naturalist, some part of this training may well be attributed to the controversial spirit pre-eminently prevailing in Germany, which has led, in that country, to the gradual growth of able controversy on the one hand and a current dispassionate judgment of the same by competent colleagues on the other, furthermore eventuating in constant improvement of worthy scientific endeavor and in the destruction of ill-earned reputations.

A circumstance of Helmholtz's early history seems, nevertheless, to have also contributed to the enduring character of his fame—namely, a sickliness and restriction of active pursuits in youth. In this, as in the wide currency to which his thoughts have risen in intellectual intercourse, we are strongly reminded of the poet Pope. Time was thus given, at a growing and maturing age, to each of these masters of expression for deep, continuous and logical thought.

We say logical; for although unrecognized, it requires no superfine observation to perceive that youth is pre-eminently logical, is endowed with a human quality that only declines in response to personal and circumstantial considerations incident to advancing age. In Helmholtz's case, however, it has, indeed, been noted that it was difficult to disturb him when once engaged in following an idea. From further facts, it is likewise evident that an enormous power of concentration and abstraction from all around him lay within his easy grasp. That the same was neither an impediment to its possessor nor a source of ridicule was, doubtless, owing to the discernment of the medical profession, to whose initiative his successive calls by various governments to their universities were due.

In a mind at once so employed and so comprehensive as that of Helmholtz it would be strange if metaphysics found no place; and, indeed, from his early career in Königsburg—where, as he afterward stated, he had stood under the influence

of Kant's philosophy—he did not cease to consider the subject for himself.

At a later date, when the major portion of his experimental work in optics and acoustics had been effected, he delivered an oration on "The Facts Concerning Perception and Conception," the chief idea of which was that our sensorial impressions are but signs of the outer world, and that *their worth and meaning must be learned by each and every one anew*. Furthermore, upon the ground of deep-going deductions and mathematical reasoning as well as of physical research, and likewise in contradiction of Kant, he came to the same conclusion with reference to our conception of space and of the geometrical axioms in general.

The latter position it may be noted was also held by the renowned mathematician Riemann, who had attacked the problem in another way.

After the above characterization of Helmholtz's activity and praiseworthy qualities the question will be asked, what were his faults? Beside those which more or less inevitably flow from a lack of robust health, we know of only one: namely, his credulousness toward his pupils and those about him in matters into which he had no direct occasion to look. This not infrequent attribute of great minds is however but an extrinsic and temporary inconvenience to their followers or to science, that indeed in the present case has already begun to disappear. Helmholtz's own fame, moreover, seems untouched thereby.

On the other hand, it is evident from the amount of original, didactic and official labor which his life encompassed, that the latter must have been well ordered for its work.

His latest researches begun after his trip to America, concern the subject of meteorology to which his attention had been especially drawn by the lofty and highly successful military-scientific balloon ascensions at Berlin and by the precise and extensive data collected by the Signal Service of the United States Army.

His last illness was consequent upon an apoplectic stroke some weeks before his decease, on September 8, 1894.

A FEW OBSTETRICAL BLUNDERS.

BY A. R. THOMAS, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society of the County of Philadelphia.)

IN looking about for a subject upon which to prepare a paper for the Obstetrical Bureau of the December meeting of the County Society, and finding nothing new to offer that might be of interest to the members, I have concluded to report a few cases of blunders of my own, and of others that have come under my notice. I shall commence with a report of

MY FIRST CASE OF CONFINEMENT.

In the fall of 1853, when about to commence my second course of lectures, one evening, when in the office of Dr. Potter of Syracuse, my preceptor, a gentleman living five miles in the country, called for the doctor, who had been engaged to attend his wife in confinement. When told that the doctor had driven to an adjoining town for a consultation and would not be home until the next day, he was greatly disappointed. What should he do? I had not the most distant thought of offering my own services, never having attended a case of confinement, but he having often seen me in the doctor's office, finally inquired if I did not attend such cases sometimes. Here was an opportunity for a little experience, which I thought should not be lost; so, without hesitation, I promptly replied, "O, yes, sometimes." "Very well, then, come along," was his reply. I immediately felt that I had rashly committed myself, but could not then back out.

Upon arriving at his home, I found his wife unmistakably in labor, with her third child; and she reported that the "waters had broken" some time before. In making an examination, I succeeded in discovering the os, which I found somewhat dilated, and through which, as I reported to the anxious mother, I could feel the head of the child, and that everything was progressing finely. The pains increased in force and frequency, yet I could discover but little progress in the labor. The mother became anxious and worried. She thought some-

thing *must* be wrong, for she had never suffered so much nor so long before. I encouraged her the best I could, but I was in great doubt myself, and my anxiety was certainly no less than hers. I repented my imprudence in accepting the case, and had there been any possibility of finding Dr. Potter, I should have posted the husband off for him. But that was out of the question, and I could only accept the situation.

The night passed slowly away, daylight came, eight and nine o'clock passed, and the child was still unborn. The head finally came down on the perinæum, and began to distend the external parts; I took courage myself, and tried to impart the same to the suffering mother. In making an examination at this time, I fancied my finger passed into the mouth of the child. Was it possible that I had a face presentation! I ventured to take a stealthy peep beneath the bed-clothing; imagine, if you can, my astonishment and surprise in recognizing a presenting breech, with the meconium just commencing to ooze from the anus. My surprise was, however, accompanied with a sense of great relief; I now knew where I stood. I was certain that the child might be born without any great peril to the mother at least, whatever danger there might be to the child.

In due time, and without any great delay in the delivery of the head, the child was born. After dividing the cord, and waiting some time for pains to expel the placenta, I made traction upon the cord without results. After intervals, the attempt was several times repeated, but with the same lack of success. Finally, I was impressed with the conviction that I had most certainly a case of adhered placenta. What was to be done? Should I attempt to introduce the hand into the uterus, and remove the adhered body, or send five miles and try to find the doctor? While discussing this point in my mind, a gentle tap was heard at the door; opening it myself, there, to my surprise and delight, stood Dr. Potter. The condition was soon reported, and the doctor asked to take charge of the case. Going to the patient, before I had time to realize what he was doing, he turned around with the placenta in his hand. "How is this, Doctor?" I inquired. "O," he replied, "it lay just within the vagina."

I got the experience I was after, and it was of more value to me than I had anticipated.

INDUCED INVERSION OF THE UTERUS.

In November of 1871, I attended Mrs. —, in her second confinement. The presentation was the first position of the head. The labor was natural and easy. Upon examination for the placenta after the birth of the child, it was found wholly within the uterine cavity. After waiting a reasonable length of time for pains without their appearance, I endeavored to induce contractions by friction over the uterus. Finally, the patient exclaimed, "Now, comes a pain, Doctor," and commenced forcibly to bear down. Winding the cord around the fingers of the right hand, and following it up to the uterus by the left, I directed the nurse to press upon the fundus, which could be plainly felt. I produced no more than the usual amount of traction, and soon the placenta came down so that I could grasp its edge. Directing the mother and nurse to continue their efforts, I soon found the placenta passing the vulva; but, to my surprise, followed by a large firm, globular tumor, to which the placenta firmly adhered. Instantly appreciating the situation, I peeled off the after-birth, and indenting the centre of the tumor with the ends of the fingers, and continuing gradual pressure, I had the satisfaction of easily replacing the inverted organ. I allowed my hand to remain in the uterus until expelled by contractions. No hæmorrhage followed. Neither the patient or nurse was aware of what had occurred; but I had learned a valuable lesson, and ever after was very cautious in delivering the placenta when wholly within the uterus.

HYDROCEPHALUS IN UTERO-RUPTURE OF UTERUS.

Late one night in March, 1868, I was called up by a physician, who reported that he had a patient who had been in labor for twenty-four hours. The pains had been severe; the os was fully dilated. The head could be easily felt, yet would not descend into the pelvis, and he could form no idea of the cause of the trouble.

Upon reaching the patient she was found almost pulseless and cold. All pains had suddenly ceased during the doctor's absence. Carrying the hand at once into the uterus, I found an enormous head, easily recognized as hydrocephalic. Perforation was followed by the discharge of at least a quart of water, and

such a collapse of the walls of the skull as to permit of the ready application of the forceps and a prompt delivery. The placenta being found high up, within the uterine cavity, the hand was introduced, and as it was brought away, there accompanied it a large mass of small intestines, showing rupture of the uterus. The woman died in a few minutes.

The skull of this child forms an interesting specimen in our museum.

DECAPITATION OF CHILD IN BREECH PRESENTATION.

Early one morning during the war I was called up by a young graduate, who reported that he had been in attendance upon a case of breech presentation; that failing to deliver the head, he had called to his assistance a class-mate. They found the child very large and very fat. The mother also was very short and fleshy, with enormous thighs. The head failed to enter the pelvis, the chin evidently resting on the promontory of the sacrum. From the short neck of the child and fleshy body of the mother, the shoulders of the child were held so snugly against the pubes and perinæum of the mother as to give no room for the introduction of the fingers, much less of instruments.

The child being dead, it occurred to them that if the body of the child were only out of the way they might apply the forceps and easily deliver the head. The body was therefore decapitated; but in attempting to apply the forceps, the head rose high up in the uterus, and their efforts were unavailing.

Upon reaching the patient I found her greatly exhausted and almost in a condition of collapse. After liberal stimulation I attempted to deliver with the forceps. After much difficulty I succeeded in applying the instruments, but the head failing to adapt itself to the diameters of the pelvis, no amount of force was sufficient to bring it down. The blunt hook was next employed in the mouth with no better results.

I now became satisfied that delivery would be impossible without reducing the size of the head. Failing to make a successful use of the perforator, with a pair of long blunt pointed scissors, with the left hand in the uterus supporting the skull, I succeeded in splitting up the scalp from the skin division on the neck, well across one parietal bone. With the fingers the scalp

was peeled off the bone, until nearly the whole parietal was denuded. Still using the fingers, the head being steadied by support outside by the hands of assistants, I finally succeeded in detaching a large portion of the parietal from the adjoining bones and removing it, thus exposing the dura mater, which was easily opened, and so much of the brain removed as to effect such a reduction in size as to permit of the application of the forceps and delivery of the head. By this time the mother was in a moribund condition and died in less than a half hour.

I have omitted all comments on these cases, leaving those for members of the society.

ARBORIVITAL MEDICINE.

BEING AN INQUIRY INTO THE CURATIVE POWERS OF SOME OF
OUR COMMON FIELD AND GARDEN PLANTS, JUDGED
OF BY DISEASES OF THE EAR.

BY ROBERT T. COOPER, M.A., M.D., LONDON.

(Physician, Diseases of the Ear, London Homœopathic Hospital.)

ARBUTUS ANDRACHNE, or Strawberry Tree.

Natural Order, Ericaceæ, an evergreen shrub or low tree.

The tincture from which the following results were obtained was got from a branchlet, with the young leaves, taken in September, 1892, of the *Arbutus Andrachne*, from Levant. The *Arbutus Andrachne* must not be confounded with the *Arbutus Unedo* or common Strawberry Tree.

This is the description of our tree in Loudon's *Trees and Shrubs* :* "It (the *A. Andrachne* variety) differs from the common *Arbutus* (*A. Unedo*) in having much longer leaves, smooth, coriaceous and shining, and but slightly if at all serrated and polished; but the outer bark cracks and peels off in very thin papery layers annually, by which alone it is readily distinguished from the common *Arbutus*. The plants, when young, are somewhat tender, but, if kept in pots till 2 or 3 feet high before they are planted out they will endure the winters in the

* *Trees and Shrubs*, Fredk. Warne & Co., London, 1883, page 575.

neighborhood of London without any protection, and will grow nearly as rapidly as the common *Arbutus*, becoming eventually much finer and large trees."

In considering the action of the *Arbutus Andrachne*, the following case presents much of interest:

Mr. M., aged 42; date of case, September, 1892, of full habit, though rather feeble heart's action.

Twelve months ago eczema began under both armpits with swellings of the local glands; right side first, then the left; discharged a good deal and then disappeared.

For the last three months eczema has come on the outside of the right arm and elbow and the calf of the right leg. There is a good deal of discharge with thickish crust; on the arm the patch is about the size of the palm of the hand; on the leg it covers the greater part of the calf, being worse on the outside. General health is fairly good. Given *Arbutus Andrachne* θA .

One week after reports: Had two good nights, which had not been the case for six months, after the dose, and the place on the arm is almost well; it began to improve at once. That on the leg has spread more but oozes less. For two days the discharge from both places was very much less; bowels are confined and head feels swimmy.

Having fully convinced myself of the reality of the action of the *Arbutus*, and knowing but little of the drug, I thought it better to fall back upon a remedy of which I had had much experience in these cases in former years, and accordingly I gave *rhus tox.* θ gtt. vij, aq. \mathfrak{z} ij. Misc.

Five drops, three times a day, in water.

This did not appear to do any good, and at the end of three weeks I sent another powder of *Arbutus Andrachne*, to find at the end of two months improvement in both leg and arm. A third dose was then given, and in two months a fourth; by the end of January, 1893, that is, in a little over four months, he was quite well and without having had a particle of medicine beyond what is stated.

The next case tells somewhat in the same direction.

Miss C., aged 35. Date of case, 24th October, 1892. Backs of hands are broken out in eczema for the last two weeks, raised white crusted patches; general health very good, except

that the left great toe is painful. *Arbutus Andrachne* 9A was given, and almost immediately after her fingers began to swell, the joints got sore and the feet also became swollen, the great toe of the left foot being especially bad; the feet and hands kept swollen and tender for about two days, and then all completely subsided and the eczema began to lessen and disappeared after the first week. When I saw her a fortnight afterwards no trace of the eczema remained, though round the finger-nails the skin was slightly cracked. The previous winter a similar attack had lasted in a very inflamed and painful state for six weeks, and more or less throughout the winter, on which occasion the palms as well as the backs of the hands became affected.

The eczema also threatened to return in September of '93, but at once dispersed, without aggravation, under the influence of a dose of *Arbutus*. In December of 1893 the same patient caught a very bad cold with much sneezing, which, on subsiding, left an irritable patch on the elbows; this was succeeded by intense irritation of her hands, which only lasted some hours, but left her finger-joints and fingers much swollen, with simultaneous swelling of the left great toe; all these symptoms again vanished on giving a dose of *Arbutus*, and there has been no return whatever this autumn.

The peculiarity of this case, independently of *Arbutus*, was the tendency of the symptoms to shift from the skin to the joints, and this was rendered still more noticeable under the action of the *Arbutus Andrachne*.

The disposition in this case to gouty eczema was very marked, indeed, and the family history also pointed gout-wards; there cannot reasonably be a question as to the immense relief given by *Arbutus*.

Our next case points to a different category of things.

James H., aged 62. A tailor, who, in former years, had been a dispensary patient of mine, and whose constitution had never been very strong but now was much broken down, came to me the 30th October, 1893.

Dysuria with pain in the back; backache for the last twelve to eighteen months; the pain about the neck of the bladder when urinating is very severe, but goes off after the act. The strain of voiding urine invariably starts the bowels acting.

Has been treated by several doctors, but without relief.

Given *Arbutus Andrachne*, ̄A. In a week afterwards reported that not only had he been able to retain urine much better, but the flow is much fuller and the bowels are not started into action. Appetite is fair. No medicine.

By the 25th November reports that he has been so well that he did not consider that he needed medicine, but the last few days he has been woke up with enuresis at 3 A.M., and has some pain again during the act of urinating, as well as pain in the hips.

In the following March I was sent for to see this patient, who was then in an evidently dying state, suffering from retention of urine with strangury and symptoms that pointed, as I thought, to malignant disease of the prostate. As time and distance did not allow of my attending him, I was obliged to hand him over to a local doctor, and have since heard that he died two days afterwards. I also learned from his family that between November and a few days before they had sent for me he had remained extraordinarily free from any pain and in good spirits. I may add that there was no post-mortem examination made.

The case is of interest as simply showing a decided relief to very obstinate vesical and rectal symptoms, all the more as previous treatment had failed. The disease was probably too far gone when first seen to be arrested; its alleviation is decidedly noteworthy.

I am not oblivious to the fact that *Arbutin* is being used as a remedial agent in vesical diseases; but beyond seeing the fact stated in a wholesale chemist's circular, have had no acquaintance with it.

The next case that I think it well to bring forward is that of Mrs. L., a stout and very plethoric woman of about 50 years of age, who suffered from most obstinate eczema and swelling with redness of the left outer ear, and offensive vaginal discharge, requiring frequent ablution, with irritable hæmorrhoids that sometimes bleed; after *Arbutus Andrachne* ̄A, the eczema drove over to the right auricle, involving it for the first time, as well as the left; then the entire condition improved and the vaginal discharge lessened, and the hæmorrhoids ceased to trouble for three weeks.

After this the eczematous condition of the left ear returned and other remedies had to be given; when last seen, some nine months ago, she seemed quite well. Previously to this she had been under me, off and on, for at least four years.

The case is given to show the impression made on the affection by the *Arbutus Andrachne*. The aggravation induced seemed to render the case more curable.

The next affection for which *Arbutus Andrachne* promises to be of use is lumbago.

In one case, that of a workingman of 70 years of age, a broken down and bedridden invalid, where partial paralysis of the limbs existed, but without albuminuria, the backache was at once relieved by a dose of *Arbutus*.

A lady, dark-haired, of slightly bilious disposition, aged about 48, wrote to me in February, 1894, requesting a prescription for lumbago, for which she had been treated homœopathically for four weeks; great aching across the lower part of the back, with pains shooting down both the limbs to the knees and shins particularly; internal piles and much pain at stool and constipation and tenderness over the lower part of the spine. Back and legs and knees weak and painful.

History of gouty symptoms for two years in springtime, usually taking the form of eczema, nasal catarrh, and, chiefly, of nettle-rash; this year: lumbago, piles, constipation; M. P. regular but too profuse and clotted. Unable to take stimulants or green vegetables. Result from one dose: marked improvement began after two days and went on to complete dispersal of the symptoms.

The natural order, *Ericaceæ*, or the Heathers, has given us *kalmia latifolia*, *rhododendron* and *uva ursi*, three by no means unimportant remedies. The first two closely resemble each other, and our knowledge of the last, insufficiently proved though it be, justifies the assertion that its strong vesical action points to a resemblance with our *Arbutus Andrachne* if not with the others.

SQUILLS has a violent cough with large quantities of mucus in the chest and scanty expectoration; during the cough involuntary spurring of urine; cough continues a long time before a little mucus is raised, which gives relief; patient complains of sharp, sticking pain in side, worse during cough.

REPAIRING THE LACERATED UTERINE CERVIX WITHOUT SURGERY.

BY ALICE B. CONDUCT, M.D., ORANGE, N. J.

(Read before the New Jersey State Homœopathic Medical Society. Oct. 1894.)

THE repair of the lacerated uterine cervix by surgery as first used by our countryman, Dr. Thomas Addis Emmet, thirty-two years ago, has led to many progressive methods of relieving uterine diseases. The recent literature on uterine diseases is probably more prolific than any other specialty of medicine or surgery, till one is almost inclined to think medical science centres here, so painstaking, so elaborate, so scientific are the learned authors. Valuable lives of the highest type have been spent in studying the ills of women. Such devotion certainly demands the highest gratitude of the world. American gynecologists have been prominent in this prolific branch of medicine. Skilled experts are necessary, and every city of our great country supports one or more such specialists. Hospitals devoted entirely to the diseases of women are found in cities of 100,000 or more inhabitants. Numerous gynecological and obstetrical journals monthly record the doings of the physicians and surgeons in charge of hundreds of thousands of patients in these hospitals, not to mention the numberless private cases that are of special interest. We are simply a minute factor in this prodigious and restless throng.

Among this multitude are found a large company of physicians who, in their reckless haste to outstrip their fellows in the race, are advising and performing a much greater number of operations than the real needs of the patients demand. A recent number of Dr. Winterburn's journal puts these operations in no uncertain light. When Dr. Knight, of Detroit, says: "Let a woman complain of backache or inguinal pains, and irritated bladder, and the physician will tell her that she has womb trouble. If one be found, no matter how trifling, he will attach to it undue importance, and treat it heroically as the erring organ. If no visible or tangible disease of the sexual organs be discoverable, he will lay the blame on the invisible endometrium or the imperceptible ovaries. In any event, whatever

the inlook or outlook, a local treatment, more or less severe, is bound to follow. Yet these very exacting symptoms may be due to nerve strain, or loss of brain control over the lower nerve centres, and not to direct reflex action from some supposed uterine disorder." In speaking of the increasing numbers of oöphorectomy being performed every year, he adds: "I asked one of America's most learned and consistent specialists in what proportion of cases these operations cure nervous diseases. He replied, 'I never remove the ovaries for nervous disorders, as I believe the fault to be in such cases in the nerve centres. The day is past when the gynæcological surgeon, like the Indian warrior with his scalps, can boast of his powers by the number of uteri, ovaries, and tubes hanging to his belt. The chief honor will not be in their removal, but in their salvation, while yet a part of their owner's body.' These are the words of Dr. Knight, of Detroit. I can add from my own experience, that laparotomies are of most common occurrence, often for comparatively trivial ills.

Very frequently the woman is not taken into the confidence of her surgeon attendant. He decides to remove an ovary, or ovaries, and simply tells his patient he has decided it will be best to put her under ether and perform a surgical operation. She is not enlightened. He does not think it necessary that she should be. He is a great surgeon, and she is simply a poor woman! It is not becoming in her to object to the style of treatment he wishes to give.

I have, within the past year, had two such cases come to the dispensary in William Street, of this city, who had undergone laparotomy. They came to me soon after leaving the hospital, and could give me no idea what the operation was for. It was only by patient waiting I could make out whether it was to remove ovaries or not. As the exquisite sensitiveness of the whole contents of the abdomen was so great, I was obliged to treat the patient two or three months for peritonitis before I could venture to explore the abdomen sufficiently to decide what the woman had lost.

At the recent meeting of our National Society of electro-therapeutists two weeks ago, in New York city, I was highly gratified to find the sentiment against these radical surgical measures is slowly, but strongly gaining ground. Moreover, that is a

greater test of skill to cure by simple benign means, than to resort to the knife, although I do not for one moment wish to denounce the operation that is found to be imperative, after electricity and medicine have done their best. Dr. Thomas Addis Emmet's name will, to all time be linked with trachelorrhaphy, and the dawn of really scientific treatment of woman's diseases. Let us, his successors in this noble art, be careful that we are not carried away by the momentary feeling of exaltation resulting from the discovery that we may with safety explore the naked contents of the human abdomen, or even in using the knife in minor surgery as trachelorrhaphy, may, perhaps, with some be classed, push our radical measures so far that we are not willing to use milder means (if such be found), that are sufficient to accomplish our purpose. With many sensitive women, especially of the more cultured class, the simple administration of an anæsthetic is shock sufficient to the nervous system in many instances to plunge the patient into invalidism for a term of years. Homœopaths have never been as radical in their use of surgery as the old school. The law of similars has often guided us to the remedy without the aid of surgery. Such remedies as *silicia* for necrosed bone, or *apis* or *bryonia* for an inflamed ovary, have often saved a limb or an organ, whose death-warrant was sure to have been signed and sealed, had the patient not fallen into the hands of an homœopath. With the aid of a still more potent and marvelous agent, the negative galvanic pole, we are able to dissolve adhesions, loosen and soften hard cicatrix, set free delicate nerve filaments, restore circulation and equilibrium, and thus RECOVER control of nerve centres.

Mysterious chain of influences too subtle for us to analyze. We can only judge of what we have done by the results obtained. In recalling cases that have come under your care, that you ordered trachelorrhaphy for, a large proportion were not at the time they presented themselves cases where the cervix was deeply lacerated. Often it may be that the case at time of observation is but slightly lacerated. The major part of the tear having healed spontaneously—having more or less cicatrix—the patient comes to the physician complaining of pain on top of her head, as from a weight. She fears she shall go insane. Is sleepless, is depressed. On examination a slight laceration may

be found. On further digital exploration seams are felt in the cervix. Evidently the major part of the tear was healed immediately after the birth. The surgeon is partly correct in declaring the cicatrices found in this cervix are the cause of the woman's ill health. But to say that only trachelorrhaphy can remedy the trouble is far from correct. Yet our leaders in surgery at the present moment are still affirming that the only way to overcome the evil effects of cicatrix is to remove it by the knife. A large percentage of the thousands of women who are yearly having trachelorrhaphy performed are having it done to overcome nervous symptoms from cicatrix. But pause one moment. Study the literature of the urethra, of the rectum, or of the œsophagus, and of the cervix uteri also, or go to the clinics in New York City. Brilliant cures are wrought by the application of the negative galvanic current, applied directly to the cicatrix. The dense unyielding tissue has softened and become elastic, deformities corrected, delicate nerve filaments set free, thus relieving reflex nervous symptoms, for which the patient applied to the physician. Why use the knife simply to remove cicatrix if such a simple and benign remedy is at hand? There are many with us to-day who have witnessed the unquestionable success of this wonderful agent. If we will concede that we need not perform trachelorrhaphy for the removal of cicatrix, we have now disposed of a large proportion of our cases. For the remainder, where there is cystocele, or rectocele, or where a perinæum must be repaired, or where possibly all these plastic operations are needed, it will be indeed poor judgment not to stitch a gaping cervical tear at the same sitting. The one term of confinement to the bed will be utilized to make the patient a whole woman once more. How many women, however, suffer on for years delaying recovery because of the dread of the surgeon. If, however, you have a patient who has suffered from the single accident of lacerated cervix, even if it be a deep tear, I have had recourse to a simple and most useful method of repair that for several years has been my study to bring to a state of sufficient perfection to present to the profession. It is now nine years since I first recognized the fact that it was possible to draw together the ragged flaps of a deeply lacerated cervix without the use of the knife or the needle. Sometimes

my hopes of making it perfect have been high. Then some new difficulties presented themselves, and I was ready to give up in despair. It was not till I had seen what the negative galvanic pole can do that I once more took courage. But even after using that, there were pitfalls to avoid, that at last I seem to have overcome. I must have been a dull learner indeed, had I not gleaned some grains of golden truth from the varied fields through which I have been led since taking up the medical profession. Eleven years ago, immediately after graduation, I had the good fortune to be directly under the guidance of Dr. Julia Holmes Smith in Chicago. We had a large gynæcological clinic, largely foreigners. For neglected cases, where there was great sloughing of the cervix, we in those days termed the condition ulceration of the cervix. Dr. Julia Holmes Smith used a light application of fuming nitric acid, with dark *pinus canadensis* afterwards, and got excellent results. Quick granulations had ensued and patients were discharged in excellent spirits. Dr. Julia Holmes Smith at that time did not use the acid with any idea of healing lacerations, but simply to cleanse sloughing surfaces. Immediately after leaving Chicago I went to India. There I had largely a gynæcological practice. The native women of India as well as Europeans have a horror of the knife. To suggest surgery to them means that you never see that patient again. There was, I found, good ground for their intolerance of surgery—as the intense heat, and in many cases lack of trained nursing—causing major and even minor cases of surgery to be followed by tetanus or septicæmia. In these cases of laceration of the uterine cervix, where the wound had been a long time neglected, the purulent discharge was most exhausting and offensive. I was not to be permitted to use surgery. I could only hope to palliate. In my dire need I recalled my Chicago experience and treated a few cases with fuming nitric acid, never dreaming I should get any other results than simply to cleanse the sloughing surfaces. Several cases, however, returned in one and a half or two years for confinement. My amazement was great to find after confinement was over that my patient had a normal cervix. I questioned myself, was that ever a case of laceration? If so, what has healed it? I resolved in future to keep a written account of each case, and to try to see all my

cases that had been treated by the acid. This was providentially possible in a number of instances. A few of those records may be interesting: January 25, 1886, Mrs. A., missionary's wife, not able to walk or sit up all day, since first child was born, sixteen months previous; hysterical and weakened by excessive heat and purulent discharge, sharp pains in ovaries, lacerated cervix, hanging in two flaps of flabby tissue, where the firm cervical tissue should be; consulted with Dr. Sydney Smith, an English physician, graduate of Edinburgh, about the possibility of operating. He has served a term of twenty-five years' residence in India, knows tendencies of climatic influences. He advises me to use palliative means. Says this case would be sure to have tetanus. I study the case further, and decide patient too much reduced for me to venture on surgery. Decided to use nitric acid. In two months the lady was able to return to her home in Central India much improved in health. One year later she came to Bombay again to be confined, and I delivered her of a fine child. Recovery was good, cervix in normal condition. To date, as far as I am able to learn, is doing well.

September, 1887, Mrs. B., a Scotch lady, who had been living in Bagdad, Persia, aged 26, came to Bombay *en route* for Eastern India. She consulted me for extreme depression of spirits, purulent discharge from vagina, backache. Examination shows severe laceration of uterine cervix, which is very angry looking: great tenderness in whole uterine region; could hardly bear speculum. Her confinement in Bagdad had been badly managed; whole abdomen in state of chronic peritonitis; applied nitric acid to laceration; dry cotton to protect parts; ordered vaginal douches of hot water and extract of hamamelis.

The patient remained in Bombay two months; was then allowed to proceed on her way; health greatly improved, and cervix in normal condition. Early in 1888 I learned she was enjoying excellent health, and had recommended a lady friend to my care. The last time of seeing her was in September, 1889. In the Indian Ocean, on board a P. and O. steamer, when *en route* for Brindisi, on my homeward journey to America, I found this lady one of the passengers. She had a second child by this time, who was now six months old, and

she was going home to Scotland, to be near her mother, to be confined the third time. The poor woman was at this juncture beginning to think the cure I had wrought for her a doubtful blessing, pregnancies following in such quick succession. During the term of five years in India, I had from time to time opportunity to see these cases again that had been treated by the nitric acid and *pinus canadensis*. All had entire freedom from the discharges, and a few presented as perfect a cervix as if no laceration had ever occurred. I was obliged, however, to leave India, and all these patients, so that it was impossible to study the results for as long a time as I should like to have done. Those who had the strong acid applied directly after my return to America are still under observation, and have taught me many lessons. There was one case in India, however, that had stenosis. This made me wary. I found that those who conceived soon were far better cases than those who did not become pregnant. I determined to work on very carefully, noting results. It was not until I arrived in New York, and studied electricity in the Post-Graduate Medical College, that I learned for the first time the wonderful power of the negative galvanic pole. This assured me that this new operative method for lacerations was to become of general service. At the dispensary on William Street, of this city, many cases of laceration have applied for relief, and I have worked on these, watching results more perfectly than ever before. After treating about thirty cases with no serious drawbacks to my knowledge, I had two cases, near together, that threatened to discourage me much. These two patients refused to have the negative galvanic electricity used sufficiently, and severe stenosis resulted. In one of the cases, however, it was impossible to judge how much of the stenosis she suffered from might not have arisen from the rough treatment she gave the cervix in her frantic attempts to destroy a suspected fœtus.

Even in such an extremely mutilated case, however, I should have had great hopes of getting a good canal without evil results from cicatrix had I been allowed to pursue the negative galvanic treatment sufficiently. To emphasize this point as to the wonderful power of the negative galvanic pole, I will cite a case where extreme stenosis resulted from stellate lacerations, produced by a remarkable coincidence of cases. I am now at

work on this most interesting case. A woman who has such a small pelvis that she had three terrible instrumental deliveries. The last two were delivered at the beginning of the seventh month, the physician in charge deeming it wise to take the foetus at that period of gestation, hoping to escape the necessity of craniotomy. Severe lacerations ensued; the cervix was practically obliterated; so contracted and dense were the cicatrices, that only a mass of mutilated tissue presented itself at the end of the vaginal canal. I have been using the negative galvanic pole at intervals of from one week to one month apart for four months. When I last saw her, a few days since, the cervix had grown to be one-quarter of an inch long. The canal is patulous, and the health of the woman restored. I have exacted of her a promise that she will allow me to persevere till all bands of cicatrices are dissolved, and she has a normal cervix hanging in the vagina as it should. This I fully expect to produce in six months more. But, to return to my first point, these cases of stenosis proved to me that such patients as those cited who refused sufficient galvanic treatment might often be met, and disaster would surely follow. Unless I could discover some milder method, I must discontinue this method of treatment. After a time, the idea presented itself that *dilute* nitric acid would possibly answer the purpose of producing sufficient tiny granulations to catch the ragged edges of the laceration and so draw the flaps together. I have now used the dilute acid for two years, and am much better satisfied with the results. I continue to use the negative galvanic pole in the later stages of the process.

The philosophy of the *dilute* nitric acid is, that the repair is done in a more delicate manner, the granulations being very minute. The tissue formed is soft, and in consistency the same as the normal cervix. The negative galvanic pole acts in its formation to mould and temper the tissue, so that even in deep fissures, where two or more ragged flaps are found, the whole is moulded into one perfect cervix. As far as I have been able to discover, the results are as perfect a cervix as if no accident had ever occurred. It has been necessary to see these cases, after the lapse of sufficient time, to see if there are any nervous symptoms resulting; any contraction; to note the color of the mucous membrane and every minute particular. For when we

wish to imitate nature, we have a fine artistic work that requires much careful study. Nature is most subtle and delicate. The more closely we study her ways, the more fully are we convinced we must be fine workmen to walk beside her. Pregnancies occur frequently directly after the repair is complete, being, as it were, the crowning of our success in restoring the organ to its full action. I have had the pleasure to find that the labors of these women are normal, no special rigidity of the os resulting.

The nervous symptoms that are in all cases prominent in laceration of the cervix uteri are removed, and I believe I can conscientiously recommend the method to your careful consideration, hoping that you will find it one more means in your power of relieving suffering women without the nervous shock of surgery. The length of time taken to perform the cure is *about* what in any case the woman must spend in visiting the physician's office, even if she has trachelorrhaphy performed; as there are very few cases that admit of the operation without the initial course of treatment, varying from one to three months, to remove existing peritonitis or endometritis or ovarian trouble, beside the need, probably, to correct displacements. All or any of these complications can receive attention while the cure of the laceration is going noiselessly on. The woman is not confined to her bed one hour. This is a great boon to poor women, who cannot often resort to trachelorrhaphy because they cannot leave small children to go to the hospital; also to those who are dependent on their own efforts for bread for their families. For those who suffer from heart disease and cannot endure an anæsthetic, this method is also a boon. To those also who need a term of treatment for displacements by means of the movement cure, this non-operative method is suited, as the patient gets the treatment at the same visit. I must warn you, however, that the physician's pocket will be a loser by this method. At least that has been my experience, and for this reason I am conscientious in warning you to cling to trachelorrhaphy if you want good fees.

PICRIC ACID is called for in neurasthenia when there is great depression and weariness from slight fatigue, a mental inactivity with indifference, with a desire to lie down and rest; brain fag; a total lack of "grit."

NOCTURNAL ENURESIS.

BY GEORGE W. CROCK, M.D., VICKSBURG, MISS.

THIS condition, so troublesome to patient and parent alike, is mostly found in children, and is characterized by an involuntary discharge of urine at night, occurring during sleep, or while the patient is only partially awake.

Ætiology.—Enuresis nocturna may be due to a variety of causes, chief of which seems to be a weakened physical condition, either inherited or due to defective food assimilation or other causes.

During infantile life, owing to a lack of development of the sphincter muscles, the child has no control over the vesical and rectal contents, which are voided at once on the distension of the bladder or rectum with the consequent pressure on the sphincters. This continues until the child is about two years old, when normally, by teaching and by the increased strength of the sphincters, it can control the action of these muscles. The sphincter usually strengthens first, but before the end of the third year control over both muscles is usually complete.

If enuresis exists, it is usually observed between the third and twelfth year, although it is frequently observed in the late years of adult life. It may continue throughout childhood until puberty, when the general change which takes place in the genital organs usually results in a strengthening of the sphincters and consequent power to control their action. In childhood the trouble occurs more frequently in males, but in adult life the proportion is reversed.

The child suffering from enuresis nocturna is usually anæmic, thin and poorly nourished, and shows plainly the characteristics of deficient nutrition. There is a lack of general muscular tone and development, and, occasionally, indications of mental deficiency are present. On the contrary, however, the child may be apparently healthy in every respect excepting the one under consideration, but this is rarely the case. The trouble may also be caused by over-distension of the bladder during the day, by a failure to empty it at proper intervals. Then,

at night, while the patient is quiescent during sleep, the least pressure of urine against the tired sphincter will cause it to relax immediately. Occasionally, from full meals with a considerable quantity of nitrogenous food, and the consequent imperfect assimilation, the urine will be charged with an abnormal amount of solids in the form of urates and phosphates, and these, by the increased weight and consequent pressure, will cause an involuntary passage of urine.

Enuresis can also be caused by the resulting weakness after acute diseases, or by constipation, cystitis, epilepsy, masturbation, dorsal decubitus, worms in the rectum, incomplete phimosis, adhesion of the prepuce, or, in fact, by anything which, from its nature, irritates or weakens the vesical sphincter, causes pressure on the parts, or brings about a contraction of the bladder so that it will contain but little urine. Then, the slightest pressure from behind will cause an urging to empty the bladder, which will be too weak to rouse the patient to complete wakefulness in time to reach a vessel in which to urinate.

An occasional ætiological factor in enuresis is incomplete or retarded development of the sphincters, and, in these cases, the patient never obtains control over their action, and finds it necessary to wear a urinal of some sort suspended from the waist.

Urine.—The character of the urine very rarely shows any marked deviation from the normal, unless it is due to a cause to which it is plainly attributable.

Course.—Normally, after passing the second year, the incontinence will cease, as the result of teaching, but it may continue until puberty, when the characteristic changes in the genitals, previously referred to, will result in its cure. Occasionally the attacks will cease for a time, and the patient be apparently cured, when the trouble will return with full intensity and with apparently no cause for the relapse.

The trouble is usually more pronounced in winter, and remissions more frequently occur in warm weather.

Prognosis.—This is in all cases uncertain, more particularly when the enuresis is complicated by cystitis, an inherited weak physical condition, or when it occurs in association with marked systemic disturbances.

Treatment.—If possible, remove the cause. This condition

is very rarely the result of carelessness or lazy habits, which might be corrected by teaching; but it is usually a diseased condition requiring careful medical treatment in connection with prescribed dietetic and hygienic measures. Harsh proceedings should at all times be discountenanced, as a resort to such means for correction may increase the already existing trouble. The child should sleep on a hard mattress, with light but warm covering, and the lateral decubitus must be insisted upon. This last can be easily impressed upon a child until it will become a habit to assume that position while lying in bed. If there is a phimosis, gentle dilatation or a circumcision should be performed, and any adhesions existing between the glans and prepuce carefully detached. If worms are present in the rectum, a prescription for their removal should be given. The bladder and bowels must be emptied before the patient retires, and in the beginning of treatment the child can be wakened at intervals for the performance of one or both of these functions. As a hygienic measure to increase the muscular tone, daily cold sponging, both general and local, with salt water cannot be too highly recommended. Of course, with physically weak children the bath must first be given with tepid water, then with gradually increasing coldness of the water from day to day until it gradually becomes accustomed to the shock. After the bath, administer friction with a coarse towel or brush over the entire surface of the body. Build up the system and treat the anæmia, if present. If there is imperfect assimilation, the food must be light and nourishing. Liquids in quantity at any time must be forbidden, and particularly in the evening, and the use of tea or coffee interdicted. Improve the digestion by the use of easily-digested food and such as will favor complete assimilation. Green vegetables, wheat bread, rice, oatmeal, milk, eggs, celery, lettuce, etc., will answer the purpose admirably. Pastries, rich or highly-seasoned foods should be avoided, and puddings and sweets taken sparingly, if at all. But small quantities of meat should be allowed, particularly if the child be nervous.

No food should be taken for an hour or two before retiring.

Of the remedies prescribed the following will be found of most service in ordinary cases of enuresis occurring without complication:

Belladonna.—Twitching and jerking of the muscles; nose-bleed; roaring in ears and head; urine dark or lemon-colored.

Causticum.—Nervous, emaciated and whining children, with dirty-white skin and tendency to scrofulous affections. The child may have drooping eyelids, showing great muscular weakness. The stools are shining and oily.

Pulsatilla.—Tearful children, with a strong desire for the open air.

Rhus tox.—The trouble is worse during wet weather or from exposure to rain or dampness.

Sulphur.—Peevish children, who take cold easily, and who have an almost constant discharge of clear mucus from the nostrils; marked itching of the genitals; enuresis associated with worms.

The best results will be obtained from the use of these remedies in the 30x potency or higher.

INTERSTITIAL INJECTIONS OF CARBOLIC ACID IN CARBUNCLES.

BY F. H. PRITCHARD, M.D., WEAVER'S CORNERS, OHIO.

A FEW years ago while reading a Norwegian medical journal I came across a short article by a surgeon of the Christian Hospital, wherein he warmly recommended parenchymatous injections of pure carbolic acid in carbuncles. It was first advocated by an American physician whose name he does not give. He stated that he had employed it with excellent results for seven years, and could only speak heartily in its praise. He pictures the typical case as follows: "Stiffly and automatically the patient comes into the office door; the doctor must carefully assist him in laying off his coat and cautiously he seats himself in a chair. He receives his injection, and after the first doubts of a minute or two are over, he notices, to his astonishment and gratification, that his pain has disappeared; he can bend his neck, turn his head in any direction, his coat collar and shirt no longer press upon any sensitive spot and, in short, he feels like a normal individual. This instantaneous result

is due to the anæsthesia produced by the carbolic acid; but the pain does not return, for the infection is killed and the inflammation is stopped."

His procedure was as follows: The surface of the carbuncle is first smeared with vaseline or any other fatty substance to protect the skin from any of the acid which might run over upon the surrounding skin. The injection is made with an ordinary hypodermic syringe, the needle of which should be as fine and sharp as possible to give the less pain. A small sponge or compress is held in the left hand to sop up any excess of acid. The needle is introduced from the side into the swelling and the fluid carefully and slowly injected, or if there be a central opening already, through this down in all directions towards the periphery. How much is to be injected will depend upon the size of the swelling. From two to three drops of pure, concentrated and fluid acid (95 per cent.) to about a fourth of a syringeful is usually sufficient in the ordinary carbuncles situated on the back of the neck, but in those very virulent or of the size of one's hand, more will be necessary. For example, in such a one on the forehead of a woman of seventy years on the evening of her entering the hospital, he injected one and a half syringesful of the pure acid, and the following morning, as there still were signs of some sensitiveness on pressure and signs of progression, he injected another syringeful, making in the course of twelve hours about two-and-a-half c.cms. This was followed by complete disappearance of all pain and sensitiveness. The infectious process was entirely stopped and numerous small pieces of necrotic tissue with pus came out and, in a few days, there was a fresh and clean granulating wound at the bottom of the central portion. The remaining treatment consisted of a wet dressing of a solution of boric acid. At her entrance the skin in the centre had necrosed away to the size of a dollar on account of a previous incision having been made. The injections were made partially through this central opening and also from the periphery. In none, and even in this case, did he observe signs of poisoning by the acid, neither did it cause any necrosis beyond that which was already set up by the process itself. The acid should be brought into contact with a great portion of the periphery, as after treatment he applies a piece of ordinary adhesive plaster

which is renewed two to three times a day. The vaseline must of course be first removed or it will not adhere. It is in most cases only necessary to see the patient again and then to be informed of the good result.

Shortly after reading this item I was consulted by a young man who had already spent two weeks, at home, with an ordinary carbuncle on the back of his neck. It had been incised and had been treated with a flax-seed and charcoal poultices. The resulting ulcer slowly cleansed itself and the centre healed while the edges remained hard, brawny and sensitive. Suddenly another carbuncle began to appear at the margin of the old one. I injected a few drops of a 50 per cent. solution of carbolic acid, and the swelling entirely subsided in a few days and disappeared wholly. In the course of two weeks he had two more carbuncles start up into luxuriant life on other portions of his neck. These were rapidly and almost immediately "killed" by injection of a few drops of this solution. They never went on to inflammation and sloughing. They were, in short, "stopped," as Graff * says. In one where I injected several drops of the solution there was slight central necrosis, but the painfulness was very slight, and I believed it due to the acid.

Not long ago I had a carbuncle on my own neck which I did not treat thus, but with boric acid, as has recently been recommended by a Roumanian writer. This went on to sloughing and discharged a number of necrotic shreds of dead tissue. It finally healed under the influence of poultices, leaving a brawny ridge which persisted for a week. I incautiously scratched this about a week after, and in twenty-four hours my neck was the seat of a big and brawny swelling at least two inches across. I had a good injection of the acid made; the next day it had decreased one-half in size and in a week it had wholly disappeared.

REMEDIES FOR OFFENSIVE PERSPIRATION OF THE FEET.—Silicea is known to every one as curative when the sweat glands of the feet secrete an offensive perspiration in spite of all efforts at cleanliness, but when this occurs in persons of rheumatic constitution, *rhus tox.* will be the remedy.—*The Clinique.*

*Dr. H. Graff: Parenchymatöse Injektioner af ren Karbolsyre i Karbunkler og større Furunkler.—*Norsk Magazin for Lægevidensk.* No. 4, 1891.

SEVERE COMPLICATIONS OF OTITIS MEDIA.

BY DR. PAUL SCHUBERT, NURNBERG.*

(Translated by Dr. Charles M. Thomas, Philadelphia.)

I.—BRAIN ABSCESES.

HEINRICH W., forty years old, came under treatment November 20, 1893, with right-sided acute otitis media.

According to his statement, he had previously suffered from a mild double-sided impaired hearing, but had never had earache or discharge. Two weeks ago he had been taken, during an influenza, with severe pain in the right ear, which had been treated by his family physician, and for the past two days there had been some discharge. Through this physician it was learned that a paracentesis had been done. The patient, on admission, complained of pain and some sensitiveness to pressure over the otherwise apparently normal mastoid process. The perforation was small; the discharge but slight. As the pain did not subside under antiphlogistic treatment, a second larger paracentesis was made three days later, which was followed by a free flow of pus and disappearance of the mastoid sensitiveness.

The *earache*, however, remained uninfluenced, although the otitis rapidly lessened, and the perforation closed in the early part of December. The pain radiated toward the temple, and recurred daily with undiminished force, in spite of the use of anti-neuralgic remedies.

Although the hearing had improved, and the drum-head showed but little injection and no bulging, still the persistent pain pointed toward a possible purulent retention; and on this ground a third paracentesis was made early in December. No secretion was found, and the pain continued unabated.

On December 7th a slight right-sided abducens paresis was noticed, which developed the next day to a full paralysis.

It was at that time hardly to be believed that the paralysis could have been caused by an intracranial complication of the

otitis, since the drum cavity was healed; the membrana tympani pale; the final perforation free of discharge; the hearing fairly good; the mastoid free of swelling, and without sensitiveness to pressure; and the ophthalmoscopic examination negative. Certainly, from the continuous right-sided pain and right abducens paralysis alone no diagnosis was possible which would justify deep operative procedure.

The patient now absented himself from the dispensary service, and was not again seen for about ten to twelve days, when I was called to his home, where I found him lying in deep sopor, from which he could be only partially aroused by loud shouting, and even then gave unintelligible answers. The pupils, both sides, equal, but strongly contracted and fixed; corneal reflex present; pulse, 56 to 60; respiration regular, but snoring. The wife stated that the patient, during the previous night, had often spoken wildly, and complained constantly of severe headache. He had had frequent chills, but no vomiting. Pressure and percussion over region of ear showed process and tragus insensitive, although, on pressure, a few centimeters above the concha, the face was contorted, as though pain had been caused. The membrana tympani of the affected side is quite pale, the perforation closed, and no swelling in the meatus nor sinking of the upper wall can be made out.

During the next two days the condition remained unchanged, excepting that the pulse rose to 94 and 104 at times, and a few times a Cheyne-Stokes respiration was noted. There was occasional momentary but partial clearing of consciousness; no nourishment was taken, and urination was involuntary. Finally, both sensory and motor paresis of the left upper extremity, particularly of the hand, was noted; while the right arm and both legs react to needle-prick, the left hand and arm remain motionless, the hand lying quietly in relaxed flexion. Facialis and trigeminus react normally.

After overcoming the myosis with homatropin, the fundus oculi could be made out as quite normal. Anal temperature, 37.7° C.

On December 26th, toward evening, consciousness returned, and on the 27th the sensorium is apparently clear. He talks much, and in a stumbling manner, and is at times silly. He now takes food again, and urinates voluntarily; pupils are

moderately dilated, equal in size, and react well. The visual field, as tested with the hand, is apparently normal; hemiopia is certainly not present. The right abducens paralysis still persists.

The left arm has motion, but the hand-pressure is very weak; the needle-prick is felt much less acutely on left than right hand.

Headache is but slight, though strong pressure above ear causes pain. Pulse, 100. Urine shows trace of albumin, much urates and few hyaline casts.

During the next two days, stupor alternated with a half consciousness, quiet sleep with active delirium. Speech was constantly halting but not aphasic. The paralysis and localized temporal pain remained unaltered, pulse, 96 to 100; temperature in rectum, 37.7° C.

From these facts a diagnosis of *brain abscess* was fairly certain. The contra-lateral monoplegia and homo-lateral abducens paralysis pointed plainly to a local affection in the right hemisphere, and spoke against considering the sopor as uræmic in spite of the presence of a nephritis.

Cerebral hæmorrhage, embolus, and focal softening could be excluded by the sharp attack of pain, and in part also by the cerebral pressure symptoms. There was also hardly the possibility of the presence of a brain tumor. The localized headache, and particularly the strictly circumscribed sensitiveness to pressure directly over the insertion of the pinna indicated rather a brain abscess than tumor, as also did the failure of choked disc, as this is rarely absent in cases of tumor so far advanced as to produce stupor; nevertheless, a distinction between the two might have been difficult had not the whole clinical course spoken against the probability of brain tumor.

From the beginning of the first focal symptoms to the appearance of pronounced brain pressure, there had elapsed but seventeen days, a period which, even for abscess, was unusually short, and for tumor, almost unheard of.

Further, the pressure-symptoms of brain tumor, when they have once set in, usually remain permanently, with but little remission, and certainly do not change from day to day, or within a few hours from sopor to consciousness and again to sopor.

Von Bergmann lays the greatest stress upon this vacillation in the pressure-symptoms as a differentiating symptom. In our present case the fact that the otitis ran a smooth course without bone involvement and was well before the appearance of the first focal symptom, in one sense presented a valuable diagnostic point, since the existing temperature elevation could not have arisen from the aural disturbance, but from some concealed inflammatory focus. The statement of Bergmann, that in otitic brain abscess, fever indicates little or nothing, applies certainly to the general condition found in otitic brain abscess where the aural discharge persists, for although the purulent otitis often runs a feverless course, still an existing temperature elevation need not indicate the presence of any other focus of suppuration so long as there exists the possibility of a persisting suppuration of middle ear or in mastoid process. In the present case, however, the fever could not have its origin in the condition of the middle ear, and as there was no other explainable source in any other part of the body, this symptom pointed decidedly toward brain abscess and against tumor.

That the temperature elevation was but slight was of little importance; it was sufficient that it arose above normal. Anal temperature of 37.7° C. certainly never appears in sound adults.

Furthermore, during the presence of the sopor there was the uncertainty as to whether we had before us an operable abscess or one which had ruptured into ventricle. The presence of the reflexes, the absence of chill and vomit, spoke against this rupture. The contracted state of the pupil was hardly available as a guide, since Kniess gives myosis as a symptom indicating rupture into ventricles, while Körner, on the contrary, mentions mydriasis as indicative of the same condition. After the subsidence of the sopor, the question of operation called for decision.

That the abscess was to be sought for in the temporal lobe was determined by the crossed paralysis of the hand, spite the isolated cases of Gluck when a *cerebellar* abscess caused a contra-lateral hemiplegia.

The appearance of an abducens paralysis was, indeed, most difficult of explanation under the supposition of temporal abscess, particularly as the oculomotorius remained intact, though the two nerve trunks are so closely related in their course through cavernous sinus and middle cranial fossa.

On purely anatomical grounds the abducens paralysis might have destroyed the diagnosis as to seat of abscess in temporal lobe and forced one to the location of the purulent focus in the cerebellum or pons, as the abducens lies more prominently in the posterior than the middle fossa. In Manthuer's *Vorträge*, in speaking of the fascicular paralyses, appears the following positive statement: "The pure cases of abducens paralysis with contra-lateral palsy of extremities are very rare. If, however, such a condition occurs, one is justified in supposing the presence of a lesion in the pons at the point where the abducens passes through."

Clinical experience, however, shows us, as in the cases of Hessler and Polo, that abducens pareses do occur with abscess of temporal lobe.

In my patient the involvement of temporal lobe was the more probable, as the otitis ran its course without disease of the mastoid, and, again, because an inflammatory process *might* have found its way from the drum through the tegmen tympani into the *middle* fossa, but hardly toward the cerebellum or pons.

It was, therefore, decided to proceed with the typical operation for temporal lobe abscess according to Bergmann.

A square flap of integument and muscle, including perios-teum, measuring 5 centimetres on side, was raised and turned upward immediately above the insertion of pinna.

With the chisel and forceps an opening of 3 centimetres diameter was cut through the squamosa. The dura was very tense and did not pulsate or fluctuate under the finger. At the first incision of dura a yellowish green pus flowed freely. Dura was closely adherent to the underlying brain substance. The pus was odorless, and was washed from the abscess cavity with warm sublimate solution. The small size of abscess cavity, only 2 centimetres deep, seemed remarkable, considering the severe cerebral pressure symptoms noticed a few days previously.

No cerebral fluid was evacuated. After application of drainage and dressing, temperature stood at 36.4° C.

January 1, 1894.—Dressing changed. Drainage-tube full of pus, though but little was washed out by irrigation. Sensorium clear, speech stammering, great weakness. Morning temperature, 38.1° C.; evening, 38.2° C.; pulse, 116.

January 2d.—Perceptible general improvement. Temperature, morning, 36.9° C.; evening, 37.7° C. Pulse, 104.

January 3d.—Second change of dressing; but little pus; mind apparently clear; tells stories; praises the nurses; enjoys his food; but holds fast to the impression that a flight of steps leads from his bedside to the ground floor. Paresis and hyperæsthesia of left hand continues, as also the abducens paralysis. Temperature, morning, 37.5° C.; evening, 38.0° C. Pulse, 92.

January 4th.—Mind somewhat clouded, although he answers questions accurately. Temperature, morning, 37.7° C.; evening, 38.2° C. Pulse, 92.

January 5th.—Third dressing; but slight discharge; urine not free of albumin.

January 7th.—General feeling and appetite good. At times his speech wanders, but soon notices the error himself. Dressing changed. Obstinate constipation overcome with enema. Pulse remains 92 to 96. Temperature, evening, 38° C., and a morning remission of $\frac{1}{2}$ to 1 degree.

January 9th.—At change of dressing it was necessary to shorten drainage-tube. Last night delirium; would spring from bed and immediately collapse upon floor; has had no headache since operation.

January 11th.—Evening temperature still 38° C. Pulse 92. Appetite and general feeling good. Almost daily there appear short spells of speech wandering from time to time.

January 15th.—Until to-day, dressings were changed every other day. Pus only in quantity to correspond with the present healthy granulation. Drain-tube has been shortened several times. Evening temperature has sunk to 37.7° C. Pulse, 88. Patient, supported on each side, leaves the bed for the first time. The left leg gives way, and patient sways to left side. The patellar reflex slightly increased on left side; while the ankle clonus is present on right side. Resistance to passive motion is decidedly weakened in left leg. On holding out both arms, the left drops sooner than right, and the left hand pressure is decidedly weaker than the right. The sensitiveness seems more equal on both sides. Abducens paralysis unchanged. Granulations look healthy.

January 19th.—Patient sits up two hours; mind constantly clear; evening temperature, 37.3° C.; pulse, 72.

January 22d.—The paresis of left leg has so far improved that patient can walk alone.

January 28th.—Following a normal temperature of several days, morning, 38.2° C. To-day vertigo, frequent vomiting, and ringing in left ear. The granulations look healthy, but whole wound-surface projects forward as though by a beginning brain prolapse. The surroundings of wound show a slight œdema. A pulsating reflex appears at bottom of wound.

January 30th.—No further vomit, but continuous vertigo. Evening temperature, 38.9° C.; pulse, 100; œdema of wound less.

February 2d.—Yesterday's evening temperature, 37.7° C. (pulse 84); to-day's, 38.5° C. (pulse, 104); no headache, no vomit, slight vertigo, some lumbar pain.

February 3d.—Pain along the spine, on pressure on spinous processes, and in nape of neck on movement of head; nausea and vomiting, once; great restlessness at night, and anxious facial expression; mind clear; wound region free of œdema and bulging; temperature, 38.7° C.; pulse, 96.

February 5th.—Very restless night; pain in back and forehead; slight stiffness of neck; loss of appetite; nystagmus on looking to the left; a decidedly ailing expression of countenance; respiration rapid; wound region again slightly bulging; evening temperature, 38.8° C.; pulse, 102; no albumin in urine, but about 1 per cent. of sugar.

February 6th.—Patient talks much and confusedly, but answers questions correctly. Tremor of extremities; nystagmus also in looking to the right; pupils react well, though the right is rather larger than the left; cervical and lumbar pains continue; jactitation and picking at bed clothes; temperature, 38.3° C.; pulse, 130.

February 7th.—Exitus.

Autopsy.—(Dr. Sigmund Merkel) 21 hours after death.

Powerful build, with marked adipose deposit. Dura adherent to skull at seat of operation. In removing the brain there remained, hanging to inner aspect of cicatrix, shelled out as it were from the softened temporal lobe, a roundish body about 5 ctm. in diameter; on incision, it proved to be an encapsuled abscess, with walls about 1 mm. thick, and adherent by a short broad stalk to the inner surface of wound-cicatrix. Pia veins engorged, gyri flattened, sulci obliterated, circumscribed puru-

lent lepto-meningitis also of sylvian fissure; diffuse lepto-meningitis of base; lateral and fourth ventricles distended and filled with sero-purulent fluid. Brain substance soft, without other local degeneration.

In the diseased temporal lobe, a soft stratum about the encapsulated abscess.

In both lung apices, old cicatrices; beginning aortal sclerosis; spleen greatly softened. The kidneys showed moderate chronic parenchymatous change. Beginning fatty degeneration of liver.

Venous sinuses were free of thrombosis; upper surface of petrous portion showed no inflammatory change; mastoid cells appeared perfectly normal. The abducens was traced in its entire course through the cavernous sinus, and found to be quite normal.

REMARKS.

The noticeable feature in this case lies in the development of certain peculiar symptoms accompanying an abscess following upon a healed acute otitis; and, in the presence of a second abscess undiscovered at the time of operation of the first, which, in spite of its close proximity to the seat of operation, did not open into the wound, but led to fatal issue through encephalitis and lepto-meningitis.

That an *acute* otitis should lead to brain abscess is, in itself, sufficiently unusual. According to Jansen, there occurred in Berlin, in 2650 cases of acute middle-ear suppuration but 1 brain abscess; while in about the same number of chronic otorrhœas (2500) 6 brain abscesses were found. According to Grunert, otitic brain abscess is caused by chronic otitis in 91 per cent. of cases, and by acute otitis in only 9 per cent. The ætiology of the present case is the more remarkable, in that the acute otitis ran its course and healed smoothly without involvement of antrum, and without any complicating otitis or periostitis, before the brain abscess developed.

The literature shows but one similar case, viz., that related by Bergmann, as occurring under Schmiedt, and unoperated. The similar case of Gruber's differs from these in the fact that the otitis had attacked the mastoid, which, however, had healed, when the abscess developed and ended fatally in a short time.

In the case of Bagrunsky and Gluck, which is spoken of as

a healed otitis, appears the remark, "a slight, hardly noticeable discharge," which immediately places it out of the category of *cured* cases.

The abducens paralysis which was so difficult to bring in accord with the diagnosis of the temporal abscess, remained unexplained even by the autopsy: . . . however, a number of writers, have, according to Knies, observed this same anomaly.

During the last days a nystagmus in looking to the side was noticed. This may be explained, according to Knies, as a sort of shaking palsy, the result of a not entirely abolished, but impaired innervation.

The *sub finem vitæ* appearing, diabetes, may have been the result of ventricular exudation.

It is a question whether the second abscess existed at the time of operation, or developed within the five weeks following. The former supposition is the more probable. The discrepancy that was noticed at time of operation between the small size of first abscess and the severity of the preceding brain pressure symptoms, makes it probable that the gravity of the symptoms was due to the second unopened abscess, as does also the continuance of the paresis after the operation.

The pressure of multiple brain abscess is much more frequent in pyæmic and metastatic processes than in pure otitic suppuration. At the same time the occurrence of a second abscess is by no means so rare, from otitic causes as Körner would have us believe.

In 10,000 cases of ear disease, I have seen brain abscesses four times, and of these, two were double abscesses; in each case without sinus suppuration, or other local causes which might indicate a metastatic process. Jansen has lost a case in a similar way through a second undiscovered abscess, and Knapp has also reported a case in which double abscess existed, but where a brain prolapse and other indicating symptoms led to a correct diagnosis, and a successful result through the evacuation of the second abscess. In my case, the continuance of the fever, the slow improvement of the paralysis, and the frequently recurring mental obscurations might have led to the suspicion of the presence of a second abscess.

We were, however, led to false hopes, and to abstain from further operative measures by the comparative comfort of the

patient, the loss of head pains and hyperæsthesia of left arm, as well as the perceptible though slow improvement in the hand paralysis. Later, when the œdema about the wound sounded a positive alarm, the symptoms of lepto-meningitis had already established an unfavorable prognosis.

The every-day surgical experience teaches that developing abscesses press naturally toward the free surfaces of the body, and that an incision in an overlying barrier of firm fascia will usually result in the discharge of the abscess by this opening, even if it does not reach to the abscess cavity itself. A similar course, as unhappily our case proves, cannot be counted on in abscesses of the brain.

Although the firm coverings of the brain had been freely opened, the wall between the abscesses was only a few millimetres thick, and the drainage-tube for weeks had been pressed both by the hand and overlying dressings against the wall between the abscesses, still the second abscess not only failed to perforate, but developed in an opposite direction.

Körner very properly concludes, from the study of the original seat in the cortex, and subsequent position of otitic brain abscess, that *they tend to grow centripetally*.

This case then teaches, that after an operation for brain abscess, if the fever persists, and the indirect symptoms yield but slowly, a second abscess is to be suspected, and an attempt should be made to reach it.

II. SINUS PHLEBITIS.

CARL S., 15½ years old, a tall, thin, narrow-chested boy, whose father had died of an acute lung disease, whose mother, however, was well and strong, was attacked, in 1891, with a left-sided otitis, and recovered under treatment elsewhere. There remains a moderate deafness on this side, and a scar in drum-head.

On 14th October, 1893, he came under my care, with a right-sided acute otitis media suppurativa, which had existed for eight days. Its course was uncomplicated, though slow, till November 12th. On this date fever started up, with severe pain in front of, and in the ear, as well as over the mastoid region, together with a slight, somewhat painful swelling in front of the ear, on the zygoma.

On the 13th of November the patient was admitted to the clinic with an evening temperature of 40.7° , and pulse 120.

In spite of the free enlargement of the rather narrow perforation, and antiphlogistic treatment, the temperature continued at 40.0° , with very slight morning remission, so that on the 16th of November the radical operation of Zaufal was undertaken. The soft parts over the mastoid were elevated by pus, which seemed to come from above. Under the periosteum the bone appeared sound. The first chisel stroke through the thin corticalis was followed by pus from the deeper parts, and brought to light extensive carious destruction down to the apex of the mastoid. To secure better exposure of the parts, a horizontal incision was run backward from the first curved vertical one, and the corticalis removed over the whole extent of mastoid. This was followed by careful and complete removal of all softened bone and granulation tissue, and also the posterior wall of auditory canal. Pus was now noticed at upper angle of wound, coming from beneath the temporalis.

On cutting lower the posterior portion of the temporal muscle and dragging the soft parts forward, there was exposed an extensive carious area at the root of the zygoma, which was scraped away with the sharp spoon.

The osseous softening reached from the antrum so far upward as to expose, after its removal, the dura of middle fossa over an area three centimetres horizontally, and two centimetres vertically.

The dura appeared normal, but bulged strongly forward into the bone opening. A weak sublimate tampon was laid over the exposed dura, while the carious disease was followed with the spoon and chisel centrally toward the tympanum.

The large opening made into the antrum, exposed clearly the anvil and hammer imbedded in the granulations filling the tympanum, and they were easily removed.

In following the carious bone still further inward, it was found that it reached beyond the middle into the posterior fossa. Between the bone and lateral sinus pus now showed itself freely, so that the sinus had to be laid bare for more than three centimetres. The sinus wall was discolored and collapsed, thus indicating the probable presence of purulent thrombosis. The final clearing away of all caries brought us before a question

most difficult of solution. That the sinus transversus must be attacked was very certain; and on the other hand, the strongly bulging dura indicated strongly the presence of a latent abscess of the temporal lobe.

As the opening of the sinus might very easily lead to sharp bleeding, and interruption of the operation, I finally determined to first make an exploratory puncture into the temporal lobe, and, following this, give my attention to the sinus. A Graefe knife was thrust obliquely downward for a distance of two centimetres into the brain substance towards the tegmen tympani. No pus appeared; but instead, a stream of dark venous blood, the flow of which could not be controlled by forceps, nor, satisfactorily by compress of iodoform gauze. The operation was therefore interrupted for the time, and a firm pressure-dressing of gauze applied, which resulted in cessation of the hæmorrhage. Operation lasted two hours; only 30.0 chloroform was used (Kapellar apparatus). Temperature rose in evening, after operation, to 40.8° ; pulse, 130; and respiration, 44.

November 17th.—Pain in ear, and great restlessness; mind clear; no vomit, and no focal symptoms; facialis intact. Temperature, morning, 40.6° , evening, 40.3° ; pulse, 124; respiration, 32.

In the night of November 17th to 18th, nose-bleed set in, without apparent cause, though explainable on the ground of sinus thrombosis.

November 18th.—Morning temperature, 39.9° . Dressing was removed, and showed complete cessation of bleeding from middle fossa. An exploratory puncture of the discolored transverse sinus was made with hypodermic needle, and a cloudy, sanious fluid evacuated; thereupon, the sinus, over the whole extent to which it was exposed, 2.8 centimetres, was slit up, and the contents, a gruel-like sanious pus, was removed with the sharp spoon. The irrigation of the sinus cavity resulted in a flow of dark venous blood from it, which was again controlled by pressure-bandage. During the application of this dressing, there was noticed, for the first time, a painful œdema, reaching down to clavicle and beneath it, and a firm swelling along the line of the internal jugular. Neither of these was present before the operation. On account of the great depth of this internal jugular thrombosis, a ligation of the vein was no longer to be

thought of. Evening temperature, 39.9° . Restless night, and heavy sweat but no chill. Some slightly bloody sputa gave rise to suspicion of pulmonary metastasis, though no physical sign was made out, and the respiration corresponded to the temperature.

November 19th—The temperature fell, for the first time, to 37.4° , and pulse to 76. During the next few days, the temperature rose high evenings and dropped to normal mornings, showing, for the first time, the presence of true pyæmic fever. Even now, however, chill was absent, and the general condition was fairly satisfactory.

At the dressing, November 22d, a piece of bone was cast out from the lower angle of the wound at sigmoid fossa.

There was frequent complaint of pain at this time in several of the teeth, without any apparent objective change. (Edema and hard swelling along the jugular still persisted.

On November 24th there appeared, at change of dressing, a 2 to 3 centimetres broad, elevated, fluctuating, painful area over the right eye between the temporal supra-orbital ridge and edge of hair, which was incised under ether spray, giving exit to a thick pus. This was the first and only metastasis in the whole course of the disease.

On the right side of the neck, above the clavicle, the pain and swelling increased, necessitating the use of the ice-bag.

From the day on which the abscess of the forehead was incised, the fever fell steadily, though on the 13th of December the temperature stood at 38° . About this time a number of bone spicules came away from the region of the sigmoid fossa. During this time, also, there was noticed a discrepancy between the low temperature and pulse, the latter running from 120 to 130 and causing anxiety as to the possibility of a vagus paresis through the thrombosis of the jugular vein.

Under the influence of *strophanthus* tincture, however, the pulse improved within a short time, and the general condition was soon surprisingly good. In the beginning of January an inflammatory swelling appeared below the apex of the mastoid, which, a little later, suppurated and was incised. The hardness and œdema along the side of the neck gradually disappeared without suppuration.

On the 15th of January the patient was discharged from the hospital.

In the course of the next few months a few more spicules of bone worked out over the region of the lateral sinus, but the beginning of September showed complete cicatrization of the whole wound surface, including the tympanic cavity.

The contents of the suppurated sinus showed, under microscope, typical streptococcus chains. Although, clinically, the whole process gave the impression of a tuberculous degeneration, still no tubercle bacilli were ever found. At the present time the condition and appearance of the patient are very good, though there is a suspicion of apex dulness.

III.—OTITIC PYÆMIA WITHOUT SINUS PHLEBITIS.

Fred B., 14 years old, fell sick on January 20, 1893, after an inflammation of the throat, with acute otitis media. On the 21st, with general fever, the drum-head was highly hyperæmic and not perforated.

On the 24th, as the pain was severe and no perforation had occurred, a paracentesis was done. The opening was rather insufficient, owing to unruliness of patient.

The day following the pain continued unabated, in spite of antiphlogistics and soda salicylate; the mastoid was sensitive to touch, but without swelling or redness.

On the 27th pain was less and the patient was drowsy, with repeated chills.

On the 28th the chilliness returned, and the temperature, which had been 39°, now rose to 41°. The pain in ear and over mastoid disappeared and the flow of pus set in freely.

On the 29th, morning temperature 38.5°, evening 40°, and on January 30th a painful spot appeared in clavicular region. My colleague, Dr. Schilling, finds acute endocarditis and metastasis in right sterno-clavicular joint, which is swollen and tender. My inclination was, spite of the absence of pain over mastoid, to open the process and expose the sinus, under the supposition that a thrombosis of the latter was causing the pyæmia.

On account of the endocarditis, however, Dr. Schilling considered the patient in no condition for taking chloroform. Treatment consisted in administration of quinine and use of ice-bag. In the next few days pain set in in right shoulder-joint, and in second and third cervical spinous processes, ac-

accompanied by a high evening temperature and morning remissions. The condition of the ear took an unexpectedly favorable course; there was no further pain in the side of the head, and the perforation closed permanently on February 5th.

Soon after, the fever and endocarditis disappeared, and the metastasis in the clavicular and shoulder-joints underwent absorption; the drum-head is pale, without cicatrix, and whispered voices heard 6-7 meters.

REMARKS.

The picture which Körner draws of otitic pyæmia without sinus phlebitis is confirmed in several points by this case. The appearance with acute otitis, the favorable progress without operative treatment, the seat of the metastasis in the joints, particularly in the, according to Körner, favorite shoulder and clavicular joints, correspond throughout with his schema.

The course has shown that the mastoid process and sinus were both free of suppuration, and that the proposed operation would have disclosed perfectly normal parts. Körner certainly deserves the thanks of the profession for having brought to our notice by his labors this form of "osteophlebitic pyæmia." The cases are, perhaps, not so very rare, appear to run at times a very mild course, and are recognized mainly by the benign metastases.

In a third case of this sort observed by me, after an acute middle ear catarrh, which ran its course in a few days without special pain and without involvement of mastoid, there appeared, after closure of the perforation, a redness, pain, and swelling in some of the finger-joints, subsiding without suppuration. The synovites I, at that time, believed to be simply incidental, as the inflammatory appearances in the ear had quite subsided before their appearance. To-day I should look upon such a development as a part of an *osteophlebitic pyæmia*.

CYCLAMEN AND PULSATILLA.—The resemblance between cyclamen and pulsatilla is very striking. It is suitable in the blonde leuco-phlegmatic subject, for which pulsatilla is adapted, and for whom the latter has been considered the classic remedy. There is also some scanty or suppressed menses, the numerous gastric symptoms, the aggravation from fatty or greasy food, the anæmia, the chilliness, and the thirstlessness, though thirst may be present in the evening. —*The Clinic*, January 15, 1895.

EDITORIAL.

AMALGAMATION.

THE unseemly wrangling within the ranks of the homœopathic profession in Michigan, and the opportunity thereby afforded their opponents to work for the abolition of the school of homœopathy as a part of the University of Michigan, furnishes much food for thought.

We find Dr. Kiefer, Regent of the University, appearing before a committee of the Legislature favoring a bill to reduce the number of homœopathic professorships from five to one, "in the interests of economy and simplicity," this one to be that of *materia medica*; the only one, he says, in which there is any difference between the allopathic and homœopathic principles. His proposal is to have a chair for the teaching of this branch of both theories to all students.

On the other side, we find Dr. Obetz, Dean of the Homœopathic Faculty, who has always been accused of being in league with the enemies of homœopathy, and of originating the idea of a consolidation of the two schools, coming out in "An Open Letter to the Homœopathic Profession of Michigan," in which he accuses the regents of partiality to the department of medicine and surgery, under the control of the allopaths, and of a failure to recognize the homœopathic college except to hand it over to the control of the enemy. He further demands four professorships for the homœopaths, and one for the eclectics, in the clinical department of the University, so that comparisons can be made between the results of the several modes of treatment.

Arrayed against both we find, in this sort of triangular duel, a large proportion of the homœopathic profession in Michigan, with Dr. MacLachlan at its head. He favors an amalgamation, too, but one by which homœopaths can be taught by homœopaths, involving the establishment of five homœopathic chairs in the regular departments. He is therefore opposed to the bill at present before the Legislature for fear that in the clinical chairs the best men, under the present allopathic rule, will

always be found to be allopaths, and that the compulsory listening to homœopathic materia medica would soon be made optional by the regents, who have absolute control of the University.

As a fitting capstone to the controversy comes the statement of Dr. Obetz, based upon official figures, that the single graduate this year from the homœopathic college cost the State \$14,200, while the average gross cost per student of the sixty-eight allopathic graduates will be \$1218.50. (Let us say, with bated breath, that we think Michigan is paying too dear for her whistle.)

With the purely local features of this unfortunate condition, we have nothing to do, except to regret that our school is apparently divided against itself. Unite and conquer, is an infallible motto for a successful campaign, and so long as we are not united as a school, leaving minor differences to be fought out in private, we can never hope to resist successfully the attempted encroachments of the far more numerous and usually united other school.

The question that does concern us, however, is the one respecting the advisability of having in any institution, under a single control, members of the two schools, engaged either in didactic or practical work; and then, as a corollary to this, the one of amalgamation.

As to the first, we maintain that it is unadvisable to have two factions of the medical profession, for such are both allopathy and homœopathy, under a control belonging to either; and that harmonious working is impossible except in those spheres of action in which they are practically agreed. Absolutely separate and independent boards of control in matters medical are a necessity in all cases—universities, medical examining boards, or almshouses. This is not incompatible with the existence of another authority exercising jurisdiction in things not medical, and compelled by law to act merely as executive in its relation to the other two boards. Specialization of function we know to be characteristic of higher organisms, and we see in the same specialization and limitation of function within organizations, the greatest safeguard against disharmony and rupture. By drawing the line sharply between professional and non-professional matters, between matters of

theory and matters of administration, and giving to each one his own, we might have both schools represented and working in our public institutions without friction.

It seems sad that in a profession which is professedly for the general good of mankind, there should be the rancorous bickerings and quarrelsome jealousy which disgrace the profession of medicine. Will this state of affairs be remedied by attempted amalgamation? We recognize everywhere the pacific willingness of the lion to lie down with the lamb—inside. He mildly roars for harmony, while the lamb, at times, bleats loudly for peace. The unfortunate designation given to the old school by Hahnemann, of allopathy, has done more to perpetuate the feud than anything else. It seemed to establish, as their principle of practice, the law of contraries, whereas they acknowledge no law, but only the teachings of experience. They are pre-eminently the empirical school. Their actual position, therefore, is not so diametrically opposed to that of the homœopaths as the name applied to them would seem to indicate. In the practice of the present day many of the features which were so objectionable to Hahnemann, and which received deserved castigation at his hands, have been so changed and modified that there is frequently no greater difference in these respects between a progressive member of the old school and a rational homœopath, than there is between many of the homœopaths themselves. There were lately given in a public address, by an eminent physician of Philadelphia, the points of similarity in the practice of homœopathic and allopathic physicians, and therefrom an argument derived for the advisability of surrendering the distinctive titles which divide the schools at present. These might be regarded as signs that the time for amalgamation was at hand. It can never, however, be brought about from without—by series of resolutions or declaration of principles—but it must be the natural result of enlightened scientific growth. Amalgamation can only be a process, not an act.

THE DANGEROUS OIL-CAN.

NOT since its worthy editor, with true insular obtuseness, attempted to teach his benighted American cousins the real value of the Code of Ethics, has the *British Medical Journal*

given so much food for reflection and conjecture as did its number for February 16th. We there find the report of A case of puncture of the base of the brain by the spout of an oil-can, in which there was loss of memory of recent events. A captious critic might find the last part of this sentence ambiguous and capable of the construction that the loss of memory of recent events, as a distinct entity, constituted the sole contents of that oil-can. We, however, do not so understand it. We would regard the word "in" not as specifying the locality in which the loss of M. O. R. E. was to be found, but rather as a loose mode of speaking, intended to express one of the most prominent characteristics of that oil-can at the time spoken of. We are not told how that oil-can came to lose the M. O. R. E., whether through the spout, or by some leak, the result of rough usage or of want of cleanliness. We are not left in doubt, however, as to the dangerous consequences liable to result from allowing an oil-can, which has been deprived of its M. O. R. E., to go about unattended, and to wander among bases of brains, a puncture of one of which by said oil-can had actually occurred, as we learn from the interesting article attached to the title given above.

DR. CHARLES GATCHELL.

WITH the April number of the *North American Journal of Homœopathy*, Dr. Charles Gatchell, of Chicago, will once again wield the editorial pen; he will also assume full control and management of the Chicago office of the *North American*. Dr. Gatchell's return to journalism will be warmly welcomed by the profession and his brother journalists. The *North American* has strengthened itself in securing his able services, and at the same time wisely relieved its present brilliant editor, Dr. Porter, who has recently taken upon his already overburdened shoulders the responsible and exacting duties of the general secretary of the American Institute of Homœopathy. Drs. Porter and Gatchell make a strong combination, and they richly deserve even greater success than they hope for.

GLEANINGS.

GENERAL MEDICINE.

CONDUCTED BY

WM. W. VAN BAUN, M.D., AND FRANK H. PRITCHARD, M.D.

DIAGNOSIS OF ENLARGED BRONCHIAL GLANDS IN CHILDREN.—Dr. Seitz, at the recent meeting of the German naturalists and physicians at Vienna, stated the characteristic symptoms of this disease to be, in the respiratory system, dyspnea, broncho-stenosis, and suffocatory symptoms; in the vascular system, dilatation of the veins on the upper portion of the body, cyanosis, epistaxis, hæmoptysis, and palpitation of the heart; and, finally, in the nervous system, spasmodic cough from the irritation of compression, spasm of the glottis, asthma, hoarseness, and aphonia. Dysphagia may also be present. Physical diagnosis will reveal a small and circumscribed dullness at the upper portion of the sternum; and in the interseapular region loud, rough, expiratory breathing at these points and between the third and fifth dorsal vertebræ; a venous murmur corresponding to the manubrium and body of the sternum, and a swelling of the deep cervical glands. As to differential diagnosis, tumors of the thymus gland, mediastinum, and lungs are to be excluded. He holds large groups of enlarged glands diagnostible. The misrelation between the slight local disease and the violent functional disturbances are characteristic. The enlarged glands at either side of the transversalis are characteristic in many cases.—*Deutsche Medicinal-Zeitung*, No. 92, 1894.

THE PLEURAL FORM OF CANCER OF THE STOMACH.—Drs. Devic and Chatin describe a peculiar form of cancer of the stomach where the only complaint of the patient, during the greater portion of the disease, is a pain in the side, which would seemingly point to a pulmono-pleural or pleural affection. There is an effusion of serum which always remains serous, and which soon reappears after tapping; a cancerous node may appear at the point of puncture. The digestive disturbances are but slight or wholly lacking; the appetite is only slightly lessened; no pronounced anorexia, no vomiting, no enlarged glands, no epigastric tumor, and pain is totally absent. None of the signs permit one to class it among the dyspepsias. The patient is generally thought to eat less on account of his lung disease, until late in the course hæmatemesis may supervene. The general condition keeps up well, emaciation is slight, and the patient rather resembles an anæmic subject, though the blood count will show this to be secondary without the characteristic anæmic murmurs. The cancerous nature of the affection being known, and no other organ easily accessible being found affected, the stomach should be carefully examined. The absence of HCl in a trial breakfast, and the presence of a notable quantity of lactic acid, are of decided value in diagnosis. Fever is generally absent or but slight. Tuberculosis of the lungs may complicate towards the last.—*L'Union Médicale*, No. 44, 1894.

DIAGNOSIS OF TUBERCULOSIS OF THE BRONCHIAL GLANDS IN CHILDREN.—Prof. Wiederhofer, of Vienna, regards as characteristic of tuberculous involvement of the bronchial glands, in children, the three following signs:

1. A loud expiratory souffle, which is to be heard for days, over the left bronchus.
 2. A dullness in the first left intercostal space.
 3. A continuous bronchitis with emaciation, which of itself is always suspicious.
- Deutsche Medicinal-Zeitung*, No. 92, 1894.

TRANSITORY BLINDNESS IN URÆMIA.—Dr. M. Rothmann states blindness to be a rare complication in uræmia, though it may be the only sign of deep mis-

chief. It is frequently bilateral, and generally but short-lasting—for hours, days, or even one or two weeks. Ophthalmoscopic examination is usually negative. It is dependent upon an œdema of the sheath of the optic nerve. The degree of reaction to light of the pupil is of prognostic value. — *Los Sperimentale*, No. 31, 1894.

THE ALTERATIONS OF THE FACE IN PROGRESSIVE MUSCULAR ATROPHY.—Dr. Meige says that the face of patients with this disease undergoes characteristic alterations. The eye is more prominent, the lashes often lacking, the lips thick and rough, with exposure of a good portion of mucous membrane. The shape of the mouth is that of a figure eight on its side, α , with the centre of the lips closed and the corners gaping. The forehead is smooth, the cheeks flattened, and a furrow is to be seen at each side of the mouth and nose. These deformities are caused by affections of the various facial muscles. Progressive muscular atrophy is not the only disease which thus affects the face. Similar facial deformations are observed in other nervous diseases which crop out in several members of a family, as infantile bulbar paralysis, Friedreich's disease, heredo-cerebellar ataxy; all of which, both in ætiology and development, present numerous features of similarity. — *Rivista Clinica E Terapeutica*, No. 10, 1894.

APHASIA FROM CROUPOUS PNEUMONIA.—Dr. Kristen Isager reports the case of a young boy of nine years who, after an attack of croupous pneumonia, with the disappearance of the febrile symptoms, remained perfectly silent. Though he understood everything, he could neither speak, read, nor write after dictation. A week after he began to pronounce single words; later, in a few days, his speech was wholly normal and remained so. — *Hospitals Tidende*, No. 42, 1894. [Dr. Chantemesse, of Paris, some months ago, called attention to this complication or sequel of pneumonia. He states that he has observed it to set in on the second or third day of the disease, it being ordinarily preceded by headache, vertigo, even to syncope, and a sense of formication in one side and arm. In some cases it may resemble an apoplectic stroke. The face is also paralyzed in a certain number of cases. These phenomena do not appear to modify the course of the pneumonia, and they disappear in four or five days at the most; but the paralysis of the arms, if present, requires several weeks. There is no material lesion nor exudate, but it is rather of vascular origin. In all of his cases the pneumonia was right-sided. — *La Semaine Médicale*, No. 73, 1893. — Eds.]

SCURVY IN CHILDREN, BARLOW'S DISEASE AND ITS REACTION TO RACHITIS.—Dr. Thomas Barlow, in the Bradshaw Lecture of November, 1894, discusses the disease known by his name, and demonstrates that it has no relation to rickets, but is rather a form of scurvy which however develops upon a rachitic base. The course and symptoms he describes as follows: The disease begins suddenly between the ninth and eighteenth months of life; the children are somewhat rachitic, but provided with a goodly amount of adipose tissue, of a pale appearance; slight digestive symptoms are observed at the beginning. All at once the children appear to have become very sensitive to movement or contact of the lower extremities. Then there is noticed an irregular thickening around the epiphyses which is not œdematous but is symmetrical, non-circumscribed and sensitive to pressure, yet not reddening nor presenting fluctuation. Later, œdema of the feet is remarked; the legs, which are at first drawn up, with increase of the swelling become pseudo-paralytic, while the reflexes are intact. The back becomes quite weak, the scapula and even the upper extremities at the wrists and epiphyses of the upper arms become enlarged. The joints themselves are generally uninvolved. In grave cases crepitus may be observed at the margins of the epiphyses; the usual seat of these fractures is at the upper and lower ends of the femora and the upper end of the tibiae. The sternum may also present alterations which are nearly pathognomic. The attached costal cartilages and the fractured ends of the ribs, together with the entire sternum, appear as if pushed inwards from a violence. The eyeball seems to have fallen forwards with swelling and sanguinolent discoloration of the upper lid, as well as with ecchymoses of the conjunctiva. The anæmia is strikingly pronounced and courses parallel with the osseous changes. In grave cases the skin presents purpuric and ecchymotic discolorations. The temperature is usually irregularly elevated. The muscular weakness and general prostration are out of all proportion. The gums offer characteristic changes. If no teeth have appeared there are only slight extravasations; if they have broken through the sur-

rounding gum is spongily swollen and covered with easily bleeding granulations; the internal organs are but little affected. The duration of the disease is from two to four months; the bone changes retrogress and the fractures heal without especial callus formation. With the disappearance of the osseous lesions the other symptoms also improve. Pathologically, there are numerous subperiosteal hemorrhages with extravasation of blood, with secondary osseous deposits; the epiphyses are also very hyperæmic, softened, often filled with spongy tissue and fractured; the trabecular structure in the interior of the bones is destroyed and extensive hæmorrhages are found in the marrow. After removal of the blood clots frequently only a thin shell of bone remains. Congenital syphilis and hæmophilia are to be excluded. It is rare amongst the poorer classes and more frequent amongst the well-to-do who nurse their children but little and rear them on artificial foods. Treatment is mainly dietetic. He advises fresh, and if possible, undiluted milk, boiled, and finely sifted potatoes, with milk or meat broth, raw meat juice and fresh orange or grape juice, with water. The effect of this dietetic change will be seen even in two to three days. Advise rest in the horizontal position to prevent fractures, decrease the pains and give the heart repose.—*Muencher Medicinische Wochenschrift*, No. 47, 1894. [Dr. M. Deschere, in *THE HAHNEMANNIAN MONTHLY*, October, 1894, has written an interesting article on this subject, in which he reports four cases, and dwells especially on the diagnosis and homœopathic, as well as dietetic treatment. Dr. Livius Fuerst, of Berlin, reported a case before the recent meeting of German physicians and naturalists, in Vienna, where without any signs of stomatitis or rachitis the case ended fatally from a subperiosteal hematoma of the shaft of the femur, with separation of the epiphysis and progressive cachexia. In cases of symmetric and cylindrical swelling of the extremities in children with progressive anemia he advises puncture of the subperiosteal effusion and a trial of the indicated diet. *Wiener Medizinische Presse*, No. 49, 1894. Drs. Northrup and Crandall have published an article on this subject in the *New York Medical Journal*, May 26, 1894. Prof. H. Hirschsprung, of Copenhagen, has also recently written a lengthy article with illustrative cases, under the title, Moeller's Disease.—*Hospitals Tidende*, Nos. 36 and 37, 1894.—EDS.]

SOME FORMS OF INTOLERANCE OF ALCOHOL AND THEIR PROGNOSIS.—Dr. Smith calls attention to certain forms of alcoholic intolerance, and finds that those addicted to narcotics bear alcohol badly. Neuropathic subjects are also intolerant, but the outlook is favorable if the physician understands the circumstances, on account of its easy suggestibility, otherwise it is unfavorable. Psychopathic intolerance, with moral insanity in a more or less pronounced form, offers a gloomy prognosis, for relapses will be frequent. In epileptic intolerance one should first determine if the epilepsy set in before or after its use. He is inclined from his observations to believe in an alcoholic epilepsy where small quantities of alcohol provoke pathological conditions of drunkenness, half conscious states with an inclination to wander about, and finally pronounced epileptic seizures. Contrasted with the seeming gravity of this affection the prognosis is extremely favorable, as the patients are easily convinced of the cause. Relapses are frequent from such slight causes as the communion cup, wine sances, etc., as but a few drops suffice to demonstrate the intolerance. With previously existing epilepsy alcohol may have been taken as a sedative with transitory beneficial effect, and to ward off the anxiety of a seizure larger doses are taken, and thus the disease is aggravated. After withdrawal the attacks frequently rapidly decrease or disappear.—*Medicinische Neuigkeiten*, No. 48, 1894.

FIRST TREATMENT OF THE VICTIMS OF ELECTRIC ACCIDENTS.—Dr. Gariel recently formulated before the Paris Academy of Medicine, the following rules for the immediate treatment of victims of electric accidents:

1. Carry the person into a well aired apartment and retain only three or four persons as assistants while the remainder should be dismissed. Loosen the clothing around the chest and begin to set up respiratory and cardiac action.
2. Commence with rhythmic tractions of the tongue (Laborde's method), forcing open the mouth, if necessary with a piece of wood, and seize the anterior portion of the tongue with the bare fingers or with a handkerchief, exercising repeated, strong and regular tractions on the tongue which are followed by relaxation, thus imitating the movements of respiration, about twenty times a minute. These should be kept up for a half hour, an hour, or even more, and with energy and persistence.
3. At the same time, if possible have another person attempt artificial respiration by placing the patient upon his back with his shoulders slightly elevated; then seize the arms immediately above the elbows and press them forcibly down upon

the chest and then carry them above the head, thus describing an arc of a circle; this should also be repeated about thirty times a minute. Have the surface of the body rubbed with the hands, slapping now and then the surface with the open hand or a wet cloth and giving inhalations of aqua ammonia or vinegar. *La France Médicale*, No. 49, 1894.—(Dr. Trousseau, of Paris, warns against administering inhalations of ammonia to any one as a restorative, for he has seen it cause, by its caustic action, ocular lesions varying from a slight to a severe and purulent conjunctivitis or even, occasionally, milky opacities of the cornea and in one case a traumatic cataract, with resultant total blindness.—*La France Médicale*, No. 47, 1894.—D'Arsonval succeeded in restoring a man to life who was exposed to four thousand and five hundred volts and where medical aid did not arrive for forty minutes, by rhythmic tractions of the tongue and artificial respiration. Such a person is to be treated like one drowned, for he is not dead but in a state of syncope.—*Comptes Rendus*, No. 21, 1894.—This is confirmed by Dr. Kratter, by the necropsy of a patient who died soon after exposure to a current of between sixteen hundred and two thousand volts; inhibition of respiration with secondary cessation of the heart's action.—*Centralblatt Fuer die Medicinischen Wissenschaften*, No. 47, 1894.—EDS.]

CHANCER OF THE LIP, AND ITS DIFFERENTIAL DIAGNOSIS FROM LABIAL EPITHELIOMA.—Prof. Fournier, of Paris, in a clinical lecture on this subject, divided labial chancres into two kinds: the incrustated and the denuded ones; the former are those situated upon the labial skin, the latter those on the mucous membrane. The incrustated variety will resemble a tertiary syphilide. In simple chancre there is an enlargement of the neighboring glands, and an absence of a former syphilitic history, while with the tertiary manifestation there is a coincidence of other tertiary symptoms. The incrustated chancre may resemble a "cold sore," etc., and this should not be forgotten. Here, by careful examination, one or two of the sub-maxillary glands will be found enlarged, hard, and indolent; induration may be very distinct and cartilaginous, or only parchment-like, yet it differs from an ordinary labial herpes. Yet a "cold sore," or a similar labial lesion may become indurated by an irritating application, as carbolic acid, or the bichloride [or touching with the nitrate of silver, as we once observed.—EDS.], or be simply irritated from scratching, and if these signs coexist with submaxillary glands, which are enlarged from serofulosis or an ulcerated mouth, then an error is quite easy. There is still another form, the eroded, which may resemble a burn from a cigarette, or the irritation from tobacco juice. Examine the erosion with a magnifying glass, and if the outline is found to be geographically regular, with induration of the base, and an enlargement of the glands, then it is a chancre, for the cigarette burn and other erosions present sinuous outlines. The popular variety is observed in two forms: one of a chocolate color, and the other of the size of a half of a cherry, of an ulcerated appearance, and with a hard, swollen, indurated, and resistant base. It is easily mistaken for an epithelioma. The diagnostic signs might be classed as presumable, probable, and certain.

Age is an important factor. Chancre is common in youth; epithelioma rarely under thirty. The surface of the tumor, in chancre, is smooth and even; in epithelioma, uneven and jagged; chancre has an absence of borders: epithelioma, elevated, rough, and thickened borders. If one press an epithelioma between the fingers, small hemorrhagic points will be seen to appear, which will color the cotton if wiped off; chancre will not act thus; *this is a very valuable sign*. In chancre the glands enlarge early; in epithelioma, late; in the first state the greatest enlargement is seen in two or three weeks; in epithelioma, in four or five months. These signs are all probable. Among the certain ones in chancre are: histological examination, an evolution in fifteen days or three weeks, and the appearance of secondary symptoms. In case of doubt it is best to wait a few days for the explosion of the secondary symptoms before submitting a patient to an unnecessary operation. Two other varieties of labial chancre: the ulcerating, which may be either a red, yellow, or varied color; and the phagedenic, of which there are two subvarieties. This latter form is very rare. If it affect the surface, the result is slight, but if it attack the depths of the tissue the results are terrible, for it eats, destroys, and sloughs off the flesh *en bloc*. An entire lip may be sacrificed, as in one case, where, upon healing, the whole lower row of teeth were exposed, and a portion of the bone became necrotic.—*La France Médicale*, No. 43, 1894. [In the *Journal of Cutaneous and Genito-Urinary Diseases*, July, 1894, there is an abstract of an article on pseudo-chancere, by a Mexican writer. Prof. Fournier, delivered a lecture on this subject a few years ago. It is referred to in the same journal, in abstract form.—EDS.]

GENERAL SURGERY.

CONDUCTED BY

WM. B. VAN LENNEP, A.M., M.D. AND H. L. NORTHROP, M.D.

GUNSHOT WOUNDS OF THE ABDOMEN.—Sonnenburg (Berlin) records the case of a patient who, with suicidal intent, shot himself just below the arch of the ribs in the left side of the abdomen. He complained of no pain. Slight tympanites of that side, otherwise no symptoms. Expectant treatment. In three hours, vomiting of bilious substances, with rapid and small pulse. Immediate laparotomy showed a great deal of blood and feces in the free abdominal cavity, with slight infection of the intestinal convolutions, and a beginning peritonitis. The number of wounds was striking: a hole in the mesentery with a large bleeding artery; two holes in the transverse colon, without protrusion of the mucous membrane. Immediate suture and closure of these openings by drawing the serous investment over them. Further, a wound of the small intestine was found, with a bleeding vessel, but without perforation; and finally, two holes in a coil higher up. Suture. Therefore, there were four holes in the intestines, and two injuries of the mesentery. This teaches that if one hesitate with laparotomy, peritonitis is set up at once. The writer also has observed a case of gunshot wound of the stomach which gave rise to no symptoms, but one day later pains in the abdomen appeared, and death followed in about ten days after the injury. The necropsy revealed a wound of the stomach wall, which was followed by necrosis of its margins, and a diffuse peritonitis in consequence. Koehler communicated a case where a wound with a seven-mm. projectile caused twelve different wounds of the intestines, the cicatrices of which were found several years later. The original injury was followed by no symptoms of importance. He recently observed a case of gunshot wound immediately beneath the costal arch, with a bullet of small calibre, where, with absolute rest and opium, no symptoms followed, and, on the fifth day, the projectile was passed by the rectum.—*Deutsche Medicinal Zeitung*.

MARBLE DUST IN DISINFECTION OF THE HAND.—Wittkowski recommends marble dust as a mechanical agent in disinfection of the hands. He prepares a soap which consists of one part ordinary fluid soap three times its volume of sifted marble dust, four per cent. of lysol and a little washing-paste. He has found, from bacteriological investigation that this soap is superior to all other measures in disinfection of the hands and especially useful as a substitute for alcohol, which is too dear for every-day use.—*Weiner Medizinische Presse*.

SKIN TRANSPLANTATION IN THE TREATMENT OF LUPUS.—Spiegler recently demonstrated two cases to the Vienna Dermatological Society of lupus vulgaris, where the lupus plaques had been excised and the areas left bare covered successfully with flaps of healthy skin transplanted after Theirsch's method. He extirpates the diseased portions in one sitting and attempts to cover the loss of substance as much as possible by suturing; dresses with thiophan gauze, and, after a week transplants upon the granulations.—*Weiner Medizinische Presse*.

AMBULANT TREATMENT OF FRACTURES OF THE LEG AND THIGH.—C. A. Elbogen (Prague) since the year 1890 has treated with the ambulant method thirty-four fractures of the leg, of which four were complicated, and twelve cases of fracture of the thigh of which one was of the neck of the femur. The average time of inactivity in fractures of the thigh was fifty-three days; in those of the upper and middle thirds of the leg forty-five days; and in those of the lower third, thirty days. In applying the plaster-of-Paris fixation-bandage the knee must be slightly bent and the foot a little flexed dorsally, so that the patient be able to get up and walk easily. Turns and folds in the bandage must be carefully avoided. After a few hours he attempts to make the patient walk a little on two crutches with assistance. A few days later the crutches are thrown aside and first two and later one stick used for support: while, still later, these are also discarded. In eight to ten days, if the toes have become swollen from retraction of the turns of the bandage around them, the bandage may be renewed. In fractures of the leg the fragments are replaced, the swollen ankle and muscles of the calf

are lightly massaged and laid in an iron splint for three to four days, covered with a warm and moist dressing. After three to four days the plaster dressing is applied. At each change of dressing massage, active and passive movements, are made. In fractures of the upper thigh, extension with three to eight kilogrammes for three days in mild cases and six to eight days in severe cases is previously employed and then the plaster dressing put on. In complicated fractures the dressing is applied in mild cases at once; in grave ones in two to seven days, and the patient allowed to get about the next day. The advantages are striking. Healing takes place sooner, the nutrition of the leg is better, muscular atrophy is slight, the callus forms readily and the general health remains good. In old persons this method actually saves life, inasmuch as hypostatic pneumonia and incipient marasmus are prevented. Alcoholics rarely have delirium. The workman is sooner restored to his occupation. Decubitus, gangrene, atrophy of the muscles and stiff joints are easily avoided by the proper application of the bandage.—*Weiner Medizinische Presse.*

GANGRENE OF THE FINGERS FROM CARBOLIC ACID.—Laugier reports three cases of gangrene of the fingers in consequence of a long-continued dressing with this antiseptic. In one case the patient had applied a 1 per cent. solution of the carbolate of soda, while in the other two the ordinary 2 per cent. solution of the acid was employed. None of the patients had any special inclination to gangrene. He therefore concludes that 1 or 2 per cent. solution is able to cause complete or partial gangrene of the fingers if used as an antiseptic dressing. It may follow not only in children and young persons but also in adults of both sexes, without either albuminuria, diabetes, alcoholism or endoarteritis being present. Physicians should hence be careful in its use.—*Hospitals Tidende.*

TO REMOVE A PLASTER-OF-PARIS BANDAGE EASILY.—L. Gigli, to facilitate the disagreeable task of removing a plaster-of-Paris bandage recommends, after application of the usual layer of cotton around the limb, wrapping it with a layer of parchment paper, previously moistened and wrung out, and upon this and in the direction that one wishes to saw open the apparatus is placed a large-sized cord well rubbed with vaseline. Over this the plaster bandage is laid on. When, in the course of time, the dressing is to be removed, this cord, whose ends have been tied together, is loosened and one end tied to a thin steel wire which has been nicked at close and regular intervals and the wire drawn through. Each end of this wire is attached to a candle, and with a backward and forward motion the plaster is at once sawed through, after which the dressing may be immediately laid off.—*La Semaine Médicale*, No. 3, 1895.

TREATMENT OF MALIGNANT PUSTULE.—F. Von Bramann (Halle), has obtained satisfactory results in the treatment of malignant pustule by placing the patient in bed and enforcing absolute rest; if a limb has been affected it is suspended. After previous asepsis the affected area is covered with a thick layer of mercurial ointment of twice the official strength. The diet should be very nutritious and strong, alcoholic drinks being added. No surgical measures are to be attempted, as they only favor the entrance of the anthrax germs. Since 1890 he has treated 13 cases of this disease in this manner and though among them there were several severe ones, none of them ended fatally.—*La Semaine Médicale*. [A recent Australian writer has reported very satisfactory results in a case of malignant pustule of the face which, after failure of various measures and with the appearance of grave general and local symptoms, he treated with quite rapid and favorable results with interstitial injections of a 5 per cent. solution of carbolic acid.—*Eds.*]

TREATMENT OF BUBOES.—Cordier advises, in the treatment of buboes, that they be punctured with a narrow-bladed bistoury as soon as pus has been diagnosed, and, without pressing upon the swelling, that about fifteen drops of a 50 per cent. solution of nitrate of silver be injected, after which they are dusted with iodoform. A cure will follow in two or three days. If puncture be done later, the first injection is allowed to flow out, and then a second is made, which is left in the tumor. A profuse, purulent discharge will take place for three or four days, which subsequently becomes serous, and the orifice of the abscess closes without even leaving a cicatrix. The same result will be obtained in both inflammatory and chancreous buboes.—*Revue Internationale de Médecine et de Chirurgie Pratiques.*

GYNÆCOLOGY AND OBSTETRICS.

CONDUCTED BY
GEO. R. SOUTHWICK, M.D.

INFLAMMATORY DISEASE OF THE UTERUS AND APPENDAGES--*Causation and Pathology* (McMurtry).--Pelvic inflammation originates, practically, without exception, from septic infection. Septic infection may be specific or traumatic, including among traumatic causes the wounds of childbearing and abortion. Puerperal infection exceeds all other aetiological factors in this disease. The open surface left by separation and extrusion of the placenta is peculiarly liable to infection, as is also the intrauterine surface after abortion.

A different class of traumatic infections is that of certain surgical operations and manipulations upon the uterus. Such are the injury and contamination of sponge tents, of steel dilators, and operations upon the cervix and within the uterine cavity. The traumatism by which tissues, rich in lymphatic distribution, are exposed to infection by foul discharges and dirty instruments is often the initial step in severe grades of pelvic inflammation. Gonorrhœa plays a conspicuous part in the causation of pelvic inflammation. No virus to which the female genital tract is exposed is so active and destructive as the gonorrhœal.

Diagnosis (J. F. W. Ross, M.D., Toronto, Canada).--The diagnosis of acute inflammatory disease of the uterus is not difficult to make. Usually the patient, after some mechanical injury for the production of miscarriage, or the introduction of sepsis following miscarriage or labor, or through gonorrhœal infection, is seized with a chill, rise of temperature, increased pulse, and, in many cases, with severe pain in the pelvic region. In some cases, however, the pain may be almost entirely absent, and in those cases in which inflammatory conditions follow labor, I have looked upon this absence of pain as a bad omen. The cases of phlebitis affecting the uterine sinuses are usually the ones that prove most rapidly fatal by the production of secondary abscesses, and in them this pain is usually wanting.

Treatment (Marcus Rosenwasser, M.D.).--Abdominal section is called for when symptoms point to formation of abscesses either within a pelvic organ or within a circumscribed space in the pelvic cavity. Should such abscess rupture, section is indicated if it can be performed immediately, or within the first few hours before general inflammation has developed. In the latter event results are not encouraging.

Treatment (J. Henry Carstens, M.D.).--1. Let the general practitioner most conscientiously and carefully treat gonorrhœal infection in women.

2. Let the family physician and obstetrician most carefully manage confinements aseptically, and in the treatment of miscarriages be most thorough and not trust the *vis medicatrix naturæ*, but carefully clean out the uterine cavity.

3. Girls or young women who have leucorrhœa and pelvic pain, the result of accident or not, should be most carefully and early treated before mischief has been done.

4. In cases of acute inflammation judge each case by itself. If the symptoms are mild, palliation with absolute rest will be proper, and an operation can be performed later.

5. Cases of six or eight weeks' standing with sepsis should be operated on promptly.

6. When operating try and remove all diseased tissues, if you expect your patient to get well promptly and perfectly. If you cannot and a second operation is necessary, tell the patient or the friends immediately. Otherwise you will bring abdominal surgery in bad repute.--*Journal of Obstetrics*, November, 1894.

DECIDUOSARCOMA UTERI is a comparatively new acquisition to the family of malignant disease, and is well illustrated in the following brief report. Mrs. S. entered the Leipsic clinic as six months pregnant with bleeding from the genitals, and a diagnosis was made of threatened premature labor. She was confined in bed and given opium. The bleeding ceased, but later she gave birth to a large hydatiform mole followed by metrorrhagia. Six months later she again entered the clinic complaining of severe uterine hæmorrhage and pain and was curetted. Three weeks after her dismissal from the hospital there was another hæmorrhage which could not be controlled by a tampon. Subcutaneous transfusion of physiological salt solution was tried successfully and the patient conveyed to the hospital. The

cervix was dilated with a laminaria tent, and large pieces of placenta-like tissue were removed with the curette. Total extirpation of the uterus was performed, and the patient died six months later from recurrence. The microscope shows the epithelial cells corresponding in form and size to the decidua cells of pregnancy, part round, part spindle cells, with remarkable large bladder-like nuclei with one or two nucleoli. — *Zeitsch. f. Geburts. and Gynæk.*, Bd, xxx., H. 2, 1894.

OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

CONDUCTED BY

CHAS. M. THOMAS, M.D.

FOREIGN BODIES IN THE EAR.—Ziem (Danzic) reports two cases in which installation of oil apparently brought about spontaneous expulsion of the foreign body. In the first case attempts were first made with a hook to remove a pea from a child's ear. Dr. Zein tried injections of water, but unsuccessfully. Attempted perforation of the pea with a galvano-cautery was very painful and instillations of warm oil were prescribed. The pea was, in a couple of days, so near the orifice of the ear that the mother removed it. In the other case, a coffee bean was spontaneously expelled in a couple of days.

After the instillation of the oil, a cotton tampon is to be inserted and the patient directed to lie as much as possible on the affected side.

ANOPHTHALMOS.—Ryerson (Toronto) reports the case of a male, very puny, with a double talipes varus. The forearms were bent inward and the hands flexed, presenting a condition analogous to club feet. It possessed conjunctival sacs, and at the bottom of them were to be seen rounded elevations—the rudimentary eyeballs. The eyebrows, eyelids and cilia were normal. The child died in a few days. No autopsy was allowed.

The number of instances of total absence of the eyeballs is very small. In the great majority rudimentary eyeballs are to be found. Still rarer are the cases of monophthalmus. The conjunctival sac is always developed to some degree, as are also the adnexa. At the bottom of the conjunctival sac is to be found a round, reddish-gray body consisting of connective tissue containing fat and having attached one or more rudimentary eye-muscles. The optic nerve is sometimes present, oftener absent. In other instances the eyes are microphthalmic, consisting of a sac filled with fluid, and sometimes possessing a rudimentary cornea. It is curious that the eyelids, eyelashes and lachrymal apparatus are always to be found.—*Medical Record*.

A PUBLIC BULLETIN REGARDING THE CARE OF THE EYES.—The physicians of Dubuque have issued the following curious circular; 1. Glasses for the correction of visual defects are demanded for a variety of reasons, some of which pertain to the ordinary changes in the refractive media incident to advancing age or otherwise, and some of which are due to true disease of the eye, which, from the nature of the case, are far more serious, requiring, for their proper treatment, the services of one properly equipped in that department. 2. We believe that the one entrusted with the care of so important an organ as the eye should understand not only the mechanical methods of adapting glasses to the common refractive errors, but also the far more important and intricate diseased conditions, for the proper appreciation of which a knowledge of anatomy and physiology and the principles of medicine are absolutely essential. 3. We have, as residents of our city, men who, in our opinion, are exceptionally well fitted, not only to recognize and correct the ordinary refractive errors, but also to diagnose and treat properly the diseases of the eye. We think it due to the public, not less than to these gentlemen, to bear this testimony.

This seems to be designed to warn the public against opticians.—*Medical Record*.

KERATITIS.—1. General irritation, variable in degree. 2. Diffuse congestion of conjunctival vessels and pericorneal injection. 3. Considerable photophobia and blepharospasm. 4. Conjunctiva clear, but in severe cases may be chemotic. 5. No special tenderness of the eyeball. 6. More or less lachrymation. 7. Unless other structures are involved the pupil is unaffected. 8. A mydriatic acts normally. 9. Iris unchanged in color. 10. No synechia.

MONTHLY RETROSPECT

OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY

CLARENCE BARTLETT, M.D.,

FRANK H. PRITCHARD, M.D., AND F. MORTIMER LAWRENCE, M.D.

CALCAREA FLUORATA IN VARICOSE ULCERS.—Dr. Eladio Gaitan, of Bogota, U. S. of Colombia, S. A., records the case of a woman of 40 years, who suffered from varicose ulcers, not only of the legs but also of the arms. Those of the legs were scattered along the course of the veins, and were situated upon hard nodules of the size of a bean, more or less; at times, they would ulcerate, a sanguinolent fluid would exude and they would become covered with brownish-black scabs; the borders were surrounded with small vesicles which would itch in an exasperating manner, and then be followed by a burning sensation. At certain times of the year the ulcers would extend even down on to the feet and prevent her getting about. Besides, she also complained of tumultuous palpitation of the heart, a constant sadness and depression of mind and body. Her face was of a vivid red color, and the ulcers secreted a reddish-yellow, glutinous fluid. . . . Varicose ulcers were diagnosed. Calc. fluorata 6x, one dose every six hours, was prescribed, and externally an infusion of a native plant by the name of cardosanto. In fifteen days she was entirely free from her disease.—*La Homeopatia*, No. 9, 1894.

COLOCYNTHIS AND ARSENICUM IN SCIATICA.—Dr. Victor Arnulphy, Jr., of Nice, France, reports an interesting series of cures by arsenicum and colocynthis:

1. A carpenter, of a sanguine temperament, and an athletic constitution, had suffered for six months from a left-sided sciatica, from cold. During the first two months he was able to take a few steps with the aid of a cane, but, during the last four, he had been forced to lie in bed without putting his foot to the floor; the least movement would cause him to utter a scream, so atrocious were his sufferings. Immobile in bed, in the dorsal decubitus, pulse slightly elevated, and the urine scanty and dark. Bryonia 3, slight result. Arsen. alb. 3x every three hours. The following day showed a decided improvement; the remedy continued, three times a day. In three days there was a pronounced amelioration, for he could take a few steps with a cane. Ars. alb. 3^o, morning and evening. In eight days from this he was able to walk more freely; his general health was excellent, his appetite good, and he slept well. In twelve days he was entirely well. [Fagge, an allopathic writer, holds arsenicum to be the most reliable remedy in this disease. Compare Dr. Bonino's case, "Arsenicum in Multiple Neuritis," in *HAHNEMANNIAN MONTHLY*, November number, 1894.—Eds.]

2. A retired cavalry captain had been under allopathic treatment for a violent attack of eczema. Being in the habit of sitting in an airy gallery of the hospital, he contracted a left-sided sciatica, which was treated with cupping. The pain was ameliorated by movement. Rhus 3x, eruption of vesicles; no improvement. Colocynthis, 6x every three hours. In five days a decided improvement; he no longer limped; the pain had disappeared, leaving only a little stiffness of the limb. Remedy was continued twice a day, and in a week he was well.

3. A captain of a war vessel suffered from a right-sided sciatica; he did not desire to interrupt his service as he was constructing a battery in the neighborhood of the city. Bry. and colocynth. yielded no results; ars. brought about a rapid and decisive cure.

4. A barber complained of a right-sided sciatica from sleeping in a damp

room. Dulc. brought slight relief. Colocynth. 6x, three times a day, cured him entirely in ten days.

He has found colocynthis and arsenicum to be the most reliable remedies, yet one case yielded to sulphur where there was a pronounced rheumatic history. As to indications, he regards colocynthis of value in cases where the pain is cramp-like, with contraction of the limb or even the body itself is bent double; tearing and lancinating pains throughout the whole length of the limb. [We have had such a case relieved and cured by colocynthis.—EDS.]

Arsenicum is of service in vivid pains with burning along the course of the nerve nocturnal pains felt even during sleep and rendering the patient almost furious. Excessive weakness and dread of all movement. Relief from external heat. Pains coming on in intermittent attacks. In the discussion of his paper, which was read before the French Homœopathic Society, Dr. V. Léon Simon would have thought rhus tox. indicated in the second case on account of the concomitant eczema yet he would have given it higher, in the twelfth or even thirtieth dilution. Hahnemann recommends employing it in the higher attenuations, even advising not to go below the thirtieth (?) [We have cured an obstinate case of generalized infantile eczema accompanying dentition in a child of 4 years, with drop doses of the tincture of rhus tox.—EDS.] He has also frequently observed very favorable results to follow colocynthis but it is not rarely that it fails when bryonia either alone or alternated with rhus will succeed. Again, chamomilla or graphites are liable to be indicated. He cites a case cured by a colleague with calcarea and sepia, in alternation, after failure of the same drugs singly.

Dr. Chancerel also reports his own case where sepia in the morning and calcarea in the evening promptly cured him.—*Revue Homœopathique Française*, Nos. 9, 10, 1894.

VALERIANATE OF ZINC IN HYSTERIA.—One writer states that he never remembers to have failed in curing a case of (hysterical) excitement in hysterical or nervous persons. They are characteristically restless and must keep the legs in constant motion.—*Rivista Omiopatica*, Settembre-Ottobre, 1894. [Compare Dr. Hesse's art., *Hahnemannian Monthly*, Nov. No., 1894: "The Characteristics of Sepia"—EDS.]

ARSENICUM AS A SPECIFIC REMEDY IN MEASLES.—Dr. Gaudy, of Brussels, calls attention to the striking similarity to the pathogenesis of arsenicum and the morbid phenomena of measles in the nature of the lesions, symptoms, the order of their succession, etc. He is convinced from his experience, that in arsenicum we have a remedy which exercises an action in measles which is little short of the marvellous. No drug is to be compared with it in the insidious phenomena of severe measles epidemics. He also holds it to be an effectual preventative, and cites a case in point where the mother of a family of children, who were certain to be attacked by any epidemic disease prevailing, with four of her children visited a family affected with incipient measles. Not until the children of the two families had played together did she remark it; they received arsenicum as a prophylactic, and the children, though infected, hardly presented any morbid symptoms; one had a slight conjunctival catarrh with a slight exanthem and another a nasal catarrh. He also presents two desperate cases of extreme prostration accompanying the disease and alternating with great agitation; the tongue was black, and dry as a piece of leather, the thirst intense; the stools serous, frequent as well as fetid; the pulse very rapid and threadlike; the cough was frequent, dry during the day and loose at night, when it was worse. Arsen. was given and the next day the child was better; two days later it was quite restored to the normal.

The second case was that of a chief of police who, out of eight children, had lost three in succession by the measles. The last one, a boy of 4 years, was in extremis; an attending (allopathic) physician had announced his death as probable during the first part of the night. Called at 9 in the evening, he was found in a desperate condition. Arsen. 6x was administered and a recovery promised if he could live till morning. The following day the patient was much better; he was able to talk for the first time since the day before, and he asked for bread and milk, which was allowed him. The remedy was continued, and in 48 hours his recovery was complete. He states that he might cite a number of similar cases, yet these serve to illustrate the great serviceability of arsenic in measles.—*Journal Belge D'Homœopathie*, Oct., 1894.

HELONIAS FOR PRURITUS VULVÆ.—Dr. L. L. Danforth reports the case of a Mrs. W., who had complained for several weeks of intense pruritus, vulvar and vaginal; she declared that she could tear the flesh out, the itching was so intense. Examination revealed a decided vulvar vaginitis, the labia and skin adjoining, being red and swollen. Within the body the vaginal mucous membrane was red and swollen, and covering it were thin, white, curdy, deposits. On further examination, pouring from a congested cervix was a thin, albuminous leucorrhœa, which was unquestionably the cause of the pruritus. This discharge had a peculiar property of causing pruritus, the discharge itself coagulating in the vagina and forming the small curds which were observed in large numbers covering the vaginal mucous membrane and the vulvæ. The itching was intense, intolerable. The case named was relieved speedily on the administration of helonias tablets of the tincture. — *N. A. Journal of Homœopathy*, February, 1895.

ERECTHITES HIERACIFOLIA IN RHUS POISONING.—Dr. T. F. Allen states that fire weed, found abundantly on burnt lands and waste places, particularly near the salt water, has to his knowledge, the most marvellous effects in violent cases of rhus poisoning. He has never seen any drug produce such prompt and complete relief of terrible poisonings as this. When gathered fresh the juice is rubbed all over the part, and one patient of his at the sea-shore in the summer, terribly poisoned, declared she was cured in forty-eight hours. The itching and pain were immediately relieved, and good sleep was obtained the very first night upon using it. Sailors on the coast of Massachusetts carry bundles of this herb with them, especially the fishermen. — *Ibid.*

SEPIA FAILURES.—Dr. T. F. Allen says that the following peculiar symptom of sepia which, so far as he knows, is purely of clinical origin, has entirely failed of confirmation in his hands on two occasions recently. In one case it seemed to be quite characteristic of the patient between attacks of epilepsy. "A feeling of floating in the air." See Gentry's *Repertory*. This is not to be found in any pathogenesis, and its origin is to him problematical. In Hering's *Guiding Symptoms* under sepia we find "as if suspended in the air," from what origin he does not know. In two cases, one of hysteria and the other simply of nervous prostration with hysterical symptoms, in which this symptom was prominent, utter failure followed the administration of sepia. — *Ibid.*

BROMINE IN GLANDULAR SWELLINGS.—With reference to glandular swellings, Dr. Deschere speaks of the decided influence of bromine in softening the indurations of the submaxillary and parotid after scarlet fever. The sense to touch is that of a hard elasticity, not the bony, unyielding hardness of fluorine and its compounds. It is interesting to watch the gradual but constant decrease of the swelling (which is often enormous), and the softening of the induration, without suppuration. Goitre, enlarging rapidly, has been reported cured with the third decimal dilution, after it had become painful by external application of iodine (*Organon*, vol. i., p. 489). Enlarged tonsils in scrofulous children, who have frequent acute attacks of tonsillitis, and who complain of pain in the throat more or less constantly, can be reduced by medium and higher potencies of bromine. The tonsils present a deep-red and swollen state, with a net-work of dilated blood-vessels spread over them. The pain on swallowing liquids is greater than with solids. Hard swelling of the external cervical glands forms an additional indication for our remedy. — *Ibid.*

CALCAREA BROM. IN CHILDREN'S DISEASES.—According to Dr. Martin Deschere, children in whom calc. brom. is called for present the typical calcarea conditions: flabby fat, fast growing, but deficient in teeth and bone formation and want of muscular solidity. They learn to walk with difficulty and are prone to acid indigestion. Perspiration is profuse, especially about the occiput, etc. But, in addition, we find a marked predominance of nervous irritability, most pronounced in sleeplessness, and increased hyperæsthesia during the night. Hence he has seen good results from it in the treatment of rachitis with the above symptoms. In these conditions chamomilla, cina, coffea, jalapa, belladonna, hyoscyamus and calc. carb. have often failed him; while a few doses of calc. brom. 3 or 6 have acted promptly. This experience has been so strikingly verified that he wastes no time any more and gives this remedy at once. Additional indications for its use are: dark, offensive diarrhœa or difficult stools consisting of hard, white, lumpy masses. The mental condition presents unceasing rest-

lessness, desire to be carried and moved rapidly all the time. (This latter symptom is very characteristic of bromine.) Child cries for hours, twists and turns, is most obstinate and peevish, and, although apparently weak, exhausted and sleepy, suffers from a veritable insomnia.—*Ibid.*

BROMINE IN CROUP.—Dr. Deschere states that the leading indications for bromine in croup are as follows: Spasmodic, dry, whistling cough, with rattling up and down the larynx and trachea, and great oppression of breathing; gasping for air, much frothy mucus in mouth and nostrils, causing corrosion about the nose; formation of scabs in the nose. The throat shows a net-like redness, with corroded patches; formation of false membrane in the region of the fauces. Aggravation, in the evening till midnight, from inspiration, from warmth and from swallowing. Accompanying symptoms are: prostration; drowsiness with an anxious expression; convulsions. Blue eyes and light hair suggest its administration. But black hair and eyes and dark complexion are by no means a counter-indication as long as the characteristics of the respiratory organs with their concomitant symptoms correspond.—*Ibid.*

BROMINE IN ECZEMA CAPITIS.—Dr. Deschere, having spoken of the action of some bromides on the skin, mentions the marked influence of bromine, especially on the scalp of children, and its curative effect in eczema capitis. Bromine eczema covers the entire scalp like a cap; it exudes a dirty-looking, offensive discharge, and the affected parts are very tender to touch. This eruption is accompanied with swelling and induration of the glands of the neck, the parotid and the thyroid, generally in scrofulous subjects. The curative result in such case is frequently striking and rarely failed him when the indications were as rendered above. He has found the 30th to act better than lower potencies with children. But Robert C. Cooper states that a like condition occurred in a woman 48 years of age, and was benefited by the 30th during the first month of treatment. After that the discharge increased and an additional eruption appeared on the right elbow. Bromine 3d was then given, and in four weeks she was entirely well (*Monthly Hom. Rev.*, vol. xvi., p. 535). The great tenderness of the scalp, the dirty, offensive discharge in patients who present marked swelling of glands in the neighborhood of the eruption, especially on the left side, will be the leading characteristics.—*Ibid.*

THE THERAPEUTICS OF ACUTE SALPINGITIS.—Dr. E. E. Snyder, of Binghamton, N. Y., suggests the following remedies in this serious disease, accompanied or not by the use of vaginal tampons:

Veratrum viride.—Cases to which this remedy is adapted are apt to be ushered in by a marked chill, followed by a high fever, with symptoms of great pelvic congestion and inflammation. The pains are severe and like those of menstrual colic, strangury, and a red streak from base to tip of tongue. This remedy is especially adapted to cases following abortion. Cerebral congestion may also be present.

Cimicifuga is especially useful when both tubes are involved with severe pains in the region of the broad ligaments. Pains dart from side to side; great tenderness; irritable bladder; melancholia; fear of death or that she will go crazy; bursting headache; pains in the eyeballs, occiput or vortex. There is generally less febrile reaction than in the veratrum cases, and it is more apt to follow endometritis or suppression of the menses.

Colocynthis.—The more cramp-like and intermitting the pains the better is this remedy indicated. The thighs are constantly flexed. The pains are sticking and cutting as from knives. There is generally great soreness with the characteristic pains, yet they are sometimes relieved by pressure. Adapted to both acute and chronic forms of the disease.

Cantharis.—Especially indicated after suppressed gonorrhœa and with great strangury. Stitches in region of broad ligaments that prevent full inspiration. Violent pricking and burning pains.

Mercurius.—Stitching, aching, boring pains, with slight fever, but frequent sweats and chills; moist, pasty tongue; great thirst, especially at night. This remedy is more frequently adapted to the later stages of the disease.

Belladonna.—Shooting, darting pains that come and go quickly; much congestion about the head; throbbing carotids; colicky pains; abdomen very tympanitic and sensitive; light and noise unbearable.

Bryonia.—Better adapted to the stage of exudation. Motion intolerable; splitting headache; stitching, pressing, and cutting pain in bowels; tongue dry; great thirst; bowels constipated.

Apis mel.—Especially useful when pelvic abscess complicates; aborts tendency to pelvic abscess; stinging pains; scanty urine; absence of thirst; œdema, etc.—*Ibid.*

THE THERAPEUTICS OF SUPPURATION.—In the *Clinique*, January 15, 1895, Dr. Charles H. Evans summarizes the indications as follows:

Hepar sulphur.—The pus of this remedy is that known as “healthy” or “laudable pus;” bland, thick, cream-like, and yellow, with redness of the skin beneath which the abscess is forming, attended with throbbing pain. Sometimes the pus degenerates into an unhealthy quality, and the opening refuses to heal or even ulcerates. Injuries to the skin do not heal, but suppurate instead.

Mercurius produces suppuration in which the pus is unhealthy in color and consistency, having a greenish tinge, being quite fluid, and most apt to occur in glands or glandular structures. It hastens the ripening and spontaneous opening of abscesses almost as promptly as *hepar* does.

Calcarea carb. is another suppurative remedy, but the pus in this instance is slow in forming, usually confined to small areas, thick and yellow, sometimes thin and milky, but not attended with active inflammation.

Silicea presents a watery, pale green, sometimes sanious, occasionally corrosive pus, tedious in forming and reaching the surface through a fistulous opening, which refused to heal afterward. Ordinary cuts or injuries suppurate instead of healing.

Arsenicum alb. controls the suppurative process, and exerts its influence upon the production of ichorous, watery pus, putrid in character and involving large areas internally as well as superficially. There is intense burning heat in the part, with redness of the overlying skin; at the same time general emaciation is usually present.

Pulsatilla.—The pus of this remedy is similar to that discharged from its own mucous surfaces, viz., copious in amount and greenish-yellow in color, sometimes thick and orange-yellow. The skin situated over the maturing abscess has a bluish-red erythema, also resembling the hue of the chronically swollen *pulsatilla* mucous membrane.

Lachesis.—When an abscess calling for this remedy is in process of formation, the skin over the abscess assumes a steel-blue or violet redness, suggestive of a gangrenous inflammation. The pus discharged is thin, ichorous, and offensive; painful papules surround the non-healing opening, and there is a purplish covered areola.

Phosphorus, like *silicea*, presents an abscess which, having arrived at the surface through a very narrow channel, still continues to discharge through a persistent orifice. The pus is yellow, either thin or consistent, and quite free in amount, differing in these latter respects from *silicea*, but resembling it in the osseous and glandular structures attacked. A ring of little ulcers surrounds the principal opening or ulcer, or several fistulous openings coexist.

Sulphur has for its sphere unhealthy pus, which continues to be discharged after tardy formation in the beginning. It is frequently useful as an intercurrent when improvement under another remedy ceases and the indications still present themselves. When the sulphur constitution is present, this remedy is called for at the outset.

Belladonna is not a remedy for suppuration, although it is sometimes considered such. Its inflammations often terminate in the formation of pus, but when this event has taken place the usefulness of this remedy is past.

EUCALYPTUS IN BRONCHITIS.—When the fever has diminished and the second stage is present, the cough is obstinate, frequent, and irritable, and the expectoration is thin. It is also of service in chronic bronchitis or bronchiectases with profuse secretion of offensive muco-pus. Elevation of temperature is another of its effects.—*Ibid.*

GRINDELIA SQUAROSA.—Dr. C. H. Evans thinks that *grindelia squarosa* is worthy of a proving. It has caused intensely severe pains in the region of the spleen and liver, pains of all kinds in the left side from the mammary region to the iliac region, and respiration has been interfered with, sometimes to an alarm-

ing extent. It has been used clinically and in a general way for various pulmonary diseases, in which paroxysmal and other derangements of breathing have been present. The eyes are decidedly affected by it, and conjunctivitis, neuralgic ocular pain, and soreness of the eyes are present, made worse by moving the eyes. —*Ibid.*

MERCURY IN DIPHTHERIA.—The iodides of mercury are of frequent use in diphtheria when the glandular structures of the neck are especially involved. When the protiodide is indicated the right side of the throat is more severely attacked. While both tonsils are swollen the tonsil of the right side is enormously enlarged; the membrane is greater in amount on that side, a free secretion of tenacious mucus is manifest in and over the entire throat, and a heavy, dirty yellow coating covers the posterior half of the tongue. In those cases calling for the biniodide, the left tonsil is attacked first or sustains the disease in greater force; it not only becomes immensely enlarged, but the swelling extends to the connective tissue of the neck, and involves the submaxillary and parotid glands, so that the entire contour of the neck is lost, and an unbroken surface extends from the lower maxillary to the clavicle. Tenacious mucus and salivation accompany this condition. —*Ibid.*

THE SYMPTOMATOLOGY OF CINCHONA.—The debility sustained by the subject of this drug is profound in character; languor and weakness in every fibre is manifest, and all effort, mental or physical, is dreaded and postponed if possible. A constant sense of being so tired is frequently expressed, and the person so affected drags about from day to day and week to week without experiencing any improvement. Every movement has to be made with such great effort, and the desire to lie down and rest frequently, even during the day, is a prominent feature. A sense of faintness is associated with the foregoing, and actual fainting sometimes does occur, preceded by giddiness and ringing in the ears. Attendant upon this general weakness there is heightened sensitiveness; sight and hearing, smell and taste are rendered highly acute, and physical contact is uncomfortably, often painfully felt. A feeling of gloom and despondency becomes developed, no interest or pleasure is manifested in any object, and indifference becomes the rule. The attendant anæmia, of very marked character, is the consequence of the nutritive alterations induced by cinchona upon the red and white corpuscles of the blood, by which these become devitalized and incapable of performing their proper functions. —*Ibid.*

MAGNESIA PHOS. IN VESICAL IRRITABILITY.—The symptom of constant urging to urinate whenever the person is standing or walking has been cured so frequently by the above remedy, that it may almost be said to be characteristic. It has occurred and been permanently relieved both in men and women without regard to associated disorders. This desire requires to be attended to at once, and temporary relief follows each act of urination; the amount is small, as might be expected, and there is pain in the neck of the bladder extending into the urethra. —*Ibid.*

THREE REMEDIES FOR HYPERÆSTHESIA.—The pathogenesis of hepar sulphur develops the fact that pain is felt out of all proportion to the degree or extent of the accompanying lesion; but it should be remembered that the coffeea individual experiences an acuteness of sensation that is almost electrical in which nerves vibrate to the highest degree in response to mental or physical stimulus, and this same hyperæsthesia of sensory fibres is also true of opium. —*Ibid.*

TREATMENT OF ALBUMINURIA.—At a recent meeting of the Central Association of Belgian Homœopaths, the subject of the homœopathic treatment of albuminuria was discussed.

Dr Mersch would have one above all keep in mind the form of the disease under treatment. Yet plumbum, kali bichr., arsenic and picric acid have given him good results; also the nitrite of amyl.

Dr. De Wée also holds the same views and is said to have obtained satisfactory results with the same remedies as well as with sulphur and glonoine.

Dr. Lambrecht has obtained happy results with phosphorus in cases of albuminuria from alcoholism with dropsy and visual disturbances.

Dr. Decooman granted the efficacy of picric acid, though apis, arsen. and iodum have also yielded him favorable results. —*Revue Homœopathique Belge*, Oct., 1894.

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RESULTS IN THE TREATMENT OF BRIGHT'S DISEASE.

BY W. S. SEARLE, M.D., BROOKLYN, N. Y.

(Read before the Kings County, N. Y., Homœopathic Medical Society.)

SINCE I have kept a record of the cases of Bright's disease which have come into my hands fourteen have been cured. Of those still under treatment, five have so decidedly improved that cure is in sight, and three have died. In many other instances the patients have improved for a time and then abandoned treatment or gone out of my reach, so that I do not know the results. Still others have been seen in consultation only. I have never seen a case that was not improved more or less, temporarily at least, by the measures I have adopted, and with which most of you are familiar from former papers which I have had the honor to present to you at previous meetings of this society.

A brief and condensed account of those of which I have definite knowledge is herewith submitted to you.

CASE I.—Mrs. G. came under treatment when she was eighty years of age with decided uræmic symptoms. She passed only 16 ounces of urine in twenty-four hours. Its specific gravity was 1.010. Albumin was scanty. Hyaline and

granular casts were abundant, and, at times, uric acid crystals were numerous.

This lady recovered in about one year. The quantity of urine became normal, though its specific gravity never rose above 1.010; but the albumin and casts disappeared, and she still lives with almost unimpaired faculties at the age of ninety-two.

CASE II.—Mr. H. was seventy-two years of age when he experienced an acute attack of nephritis, which was based upon chronic interstitial nephritis. From this he was rescued with great difficulty. After four months of treatment nothing indicating nephritis could be detected with the exception of a low specific gravity (1.010). During the following eight years, which preceded his death in 1892, I repeatedly examined his urine, and could never find other indications of nephritis, even during or after attacks of acute bronchitis and rheumatism. He died eight years later, without recurrence of this disease.

CASE III.—Mr. S., when about forty years old, was found to have chronic interstitial nephritis with an excess of uric acid. His urine was normal in quantity, but its specific gravity was only 1.009, and casts and albumin were abundant. After a few months of treatment he had an attack of gravel and during it a succession of chills, mingled with fever, gave rise to a diagnosis of probable abscess of the left kidney. This was confirmed by the sudden discharge of a large quantity of pus through the bladder with entire relief of the pyæmic symptoms. After two years of treatment, he regularly secreted about two quarts of urine daily, with a specific gravity of 1.022. There were no uric acid crystals, and, with the exception of a small quantity of pus, evidently derived from the old abscess cavity, and a corresponding amount of albumin, he seemed to have entirely recovered. Some five years later he died of pneumonia while in Germany.

CASE IV.—W. T., a lad of ten years, came under treatment in the spring of 1891. He had been resigned as a hopeless case by several physicians of the old school. The form of the disease from which he suffered was chronic parenchymatous nephritis. Extreme anæmia, enormous anasarca and ascites were present. His pulse was very feeble and appetite was entirely lacking. His urine, of which there were only from 12

to 18 ounces daily, had a specific gravity of 1.012. The albumin was about 12 per cent., and there were granular and epithelial casts and blood corpuscles with abundant uric acid crystals. Although the main and threatening symptoms rapidly subsided, and soon disappeared completely, it required two years of careful supervision and occasional treatment to bring about full restoration to health. For the past two years he has been perfectly well to all appearance. He secretes a normal quantity of urine, which is entirely healthy. I saw this lad yesterday. He is a rosy, hearty, well-grown boy.

CASE V.—Mrs. K., æt. 24. I first discovered that this lady had chronic parenchymatous nephritis when she was entering the ninth month of her second pregnancy. Analysis of her urine showed two quarts *per diem*, 1.015, albumin 40 per cent., with hyaline casts. She was carefully watched and treated until after her labor at full term. Then a rigid regimen was entered upon and fully carried out for several months. Fitful and partial treatment only could be afterward had. At the end of two years only an occasional shade of albumin marred an otherwise perfect secretion of urine, and her health has remained excellent ever since.

CASE VI.—Mr. G., a clergyman of fifty-seven, who had been pronounced incurable and doomed to speedy death by prominent experts of the old school, came under my care in 1886. He had chronic interstitial nephritis. In September, 1893, Mr G. thus writes: "It is now about eight years since you pronounced me well. Within that time I have passed successfully three life insurance examinations after narrating my history."

CASE VII.—D. M., was a lad of ten years. He came under treatment in May, 1892, for acute parenchymatous nephritis. His color was waxy; he was puffy about the eyes and ankles; his chest was full of coarse râles (*œdema pulmonum*). Temperature (night) 106°. His urine measured thirty-five ounces. It was very high colored, and largely composed of blood. Albumin, sixty per cent.; many epithelial casts.

He was discharged cured after forty days of treatment, with entirely normal urine, and repeated later examinations prove that he remains well.

CASE VIII. was that of J. B., a saleswoman, who, in 1892, had scarlet fever, followed by œdema of the face and extremi-

ties. When treatment was begun, in December of that year, she was voiding only six ounces of urine. Examination of this was delayed by menstruation for a few days. There were then eighteen ounces, specific gravity 1.020, with abundant albumin and hyaline casts. Severe headache and anorexia gave warning of impending convulsions. This woman was discharged in perfect health about five months later.

CASE IX.—S. F., æt. 40, was treated in the hospital for acute Bright's disease. He had œdema of the extremities and eyelids, and occipital headache, dyspnœa, and epistaxis. Albumin and casts were abundant. He was discharged cured in about six weeks.

CASE X.—Mrs. P., towards the close of her sixth pregnancy, developed nephritis of the parenchymatous form, and consequent convulsions. Analysis of the urine showed a diurnal quantity of two pints; specific gravity 1.015; albumin 25 per cent., with casts of all varieties. The urea was reduced to less than one-half the normal amount.

This lady recovered entirely, and has passed through several pregnancies since without recurrence.

CASE XI.—Mrs. P., æt. 24, in her first pregnancy, and at its seventh month, was discovered to be afflicted with parenchymatous nephritis. Her urine showed too scanty a secretion; specific gravity 1.016; albumin 20 per cent., with many casts. By great care and prudence she was enabled to complete her pregnancy, was delivered of a healthy child, and now, after four years, is entirely well.

CASE XII.—Mrs. S. H., æt. 36, has been anæmic for years, and subject to uric acid "storms," as are several brothers and sisters. While absent in the country (1893), she was suddenly seized with convulsions, and it was then discovered that she was pregnant. The urinary secretion was nearly suppressed, and was largely composed of blood. The patient soon miscarried at about the fourth month, and very gradually rallied. On her return to the city, the urine had increased to one quart. Its specific gravity was 1.019. Albumin was reduced to a shade, and the hyaline, granular, and epithelial casts were few. At times uric acid crystals were abundant, and to this feature of her case (lithæmia) treatment was mostly directed. My usual course of rest, in bed, milk diet, and protracted warm baths

was faithfully pursued. This, with the appropriate remedies, was kept up all winter. The summer of 1894 was again passed in a quiet country place, and in the fall and since, through the present winter, repeated careful examinations have shown that she has recovered both from the nephritis and lithæmia. The latter, in my opinion, bore a causal relation to the former, and will still have to be watched for, and combated upon occasion.

CASE XIII.—H. N., æt. 21, came under my care looking very anæmic, and with great œdema of the entire body. He was admitted to the hospital in the fall of 1893. Unfortunately, the notes of his case while there, up to February, 1894, have been mislaid. I must simply say, therefore, that no one of the staff expected that he could live. Profound anæmia, profuse diarrhœa, entire anorexia, exceedingly scanty urine with 90 per cent. of albumin, and casts of every variety, marked the case at that time. From February, 1894, till the present time, I have full notes of this case, but time will not permit detail. I can only add that, on September 1, 1894, I dismissed him cured. His urine was, and for months had been, entirely normal in every respect.

The following case I give in greater detail, since it so fully and conclusively proves the immense superiority of the homœopathic form of treatment in this malady. Although it was unhesitatingly pronounced Bright's disease by very high allopathic authority, three physicians of that school concurring, and one of them, an expert of New York city, I need hardly say that it is one of that class of cases which is clearly secondary in its nature. The said expert has recently pronounced the cure "*simply marvellous*." But, true to the traditions of his school, he has never taken the pains to inquire of me the means by which this "marvel" was wrought. I should be most happy to inform him, and more happy if such information would lead him to imitate this treatment hereafter.

Allow me to premise that the parents of this child are most exceptional specimens of magnificent health, and that neither they nor either of the four grandparents have ever shown any symptoms of the uric acid diathesis.

I will first give an abstract, from the manuscript of the father (a highly educated and accomplished lawyer), of the case before it came into my hands.

CASE XIV.—L. E. B., æt. $3\frac{1}{2}$ years. “At the age of ten months had an attack of acute nephritis. Following this had chronic Bright’s disease for several months. The child then appeared strong and healthy until about three years old. Last May (1894) he was attacked by fever, with marked gastro-enteric symptoms and mild convulsions. In the course of this he became markedly anæmic, and, during five weeks, his weight fell from 54 to 20 pounds. The acute condition lasted three weeks. From August 1st to September 15th he convalesced. But he then was again seized with gastro-enteric symptoms. No urinary analysis was made except for albumin at this time. That element was abundant. As the fever abated, however, the anæmia was so pronounced that the father obtained an urinary examination by the New York expert. It was thus given: ‘Twelve ounces; amber, acid, slightly turbid; specific gravity 1.027; albumin, 33 per cent.; epithelial and hyaline casts; renal epithelia; a few blood and pus corpuscles. Diagnosis, ‘Bright’s disease;’ prognosis, fatal.”

In desperation, the parents appealed to me on October 16th.

I found the child in bed, very pale, in profuse cool perspiration, with great thirst and decided aversion to food.

The condition and history reminded me so strongly of colchicum, and the relations of this drug to lithæmia were so vivid in my mind, that almost my first question was, whether they had noticed red sand in the boy’s urine? The answer was affirmative. The father said he had seen it issue in a stream toward the close of urination. It seems that this condition had been entirely overlooked. Of course colchicum was at once administered with most brilliant results. Twenty-four hours showed vast improvement not only in the general symptoms but in every factor in urinary analysis.

I now began to “*take the case*,” as Hahnemann would say, with a view to a more permanent prescription, and these symptoms formed my basis for it.

1. Predominant coldness of the surface.
2. Cool, sour perspiration, especially about the upper part of the body.
3. Cough, dry and short, after drinking; every mouthful provoked it.
4. Voracious appetite.

5. The history of abdominal pain, with frothy vomiting, great prostration, and convulsive tendency.

I decided upon veratrum album as most clearly indicated, and gave it in the first dilution every hour.

After a day or two, china 1-10 was alternated with veratrum, and when these ceased to be indicated by the symptoms, lycopodium 6 was administered because of clay-colored stools.

He has taken this remedy with more or less regularity ever since, and will take it intermittently.

He is in better health, say his parents, than ever in his life before. The urinary secretion is entirely normal in every respect.

It is not a little curious that, while in the heat of this battle, an only brother of two years, who looked the picture of health, and had never been sick in his life, suddenly came down with fever, vomiting, stupor, etc., exhibiting conditions closely simulating those which my other patient had presented. All these were at once mitigated when his kidneys began to pour off uric acid. His remedy seemed to be sepia. This he got in the third trituration, and still takes, though he has had no recurrence of the attack.

This closes the list of cases which can fairly be recorded as cured. Of those classified as improved, several are virtually well, and would soon become entirely so if they could and would submit to more careful regimen. My abstract of these cases must be brief.

CASE XV.—M. D., æt. 16. Chronic parenchymatous nephritis. She came under my care in May, 1893. Had then known that she had the disease for nearly two years. Was a very anæmic blonde; œdematous about the face and extremities; but wholly without subjective symptoms.

Analysis gave about three pints, specific gravity 1.011; albumin, 33 per cent.; numerous granular and epithelial casts, and many blood corpuscles.

This case is still under treatment, and her *status præsens* is as follows: She passes from four to six pints daily, specific gravity 1.014; albumin, 5 per cent.; very rare hyaline casts only, and no blood corpuscles.

CASE XVI.—B. B., æt. 16. Does not know how long he has had the disease. His case is almost the exact counterpart of

the last narrated, in every respect. The disease had existed for more than two years to his knowledge. There was no known cause in either case. The same profound anæmia, or rather hypinotic state of the blood existed. To such an extent did this go in B.'s case, that his pillow was wet every morning with bloody saliva. He is slowly but decidedly approaching a cure.

CASE XVII.—S. S., came under treatment in the fall of 1889, with chronic parenchymatous nephritis of a severe type. His case has been fully reported in my previous articles upon this subject, and I recur to it here to bring his history up to date. He was discharged from active treatment in the fall of 1891, with a shade of albumin, and only very rare hyaline casts; otherwise, his health was perfect, and urinary analysis gave negative results. He has been regularly at business ever since, but though the quantity and specific gravity of his urine are normal, it still shows the same defects. Indeed, I think the occasional examinations show a gradual deterioration of his kidneys in spite of remedies carefully selected. His case is an example and a warning which confirms my original belief that no one can be cured of Bright's disease while going about the ordinary duties of life. Patients of this kind *must lie down and act as if they were sick, whether they feel so or not. Otherwise, cure is impossible.*

CASE XVIII.—Mrs. P., æt. 36, has chronic parenchymatous nephritis. No known cause. She lost a brother from the same disease in 1892. She came into my hands from a distant city, in October, 1893. She passed twenty-four ounces of urine of a specific gravity of 1.015, which gave 10 per cent. of albumin, and was filled with the broadest granular and epithelial casts I ever saw. Often, one would cover one-fifth of the field of the microscope. There was some œdema of the face and extremities, but few subjective symptoms. As she could remain here only a short time, I have treated her by letter most unsatisfactorily. The details would be too wearisome to repeat, and I will simply state her condition on November 2, 1894. She passes fifty ounces, specific gravity 1.018; albumin, from 5 to 15 per cent.; casts are rare, and mostly hyaline. Her husband thinks her well, and she says she feels well, but she is not, and will certainly relapse without constant care and treatment.

CASE XIX.—E. W., æt. 25, came under my care in February, 1894. About two years previously he suddenly had an attack of general œdema, and his physician told him he had kidney disease. He recovered from this slowly and imperfectly. About one year ago, he contracted gonorrhœa, which resulted in cystitis. Urinary analysis—quantity, two quarts, smoky looking; specific gravity, 1.019; albumin 25 per cent.; granular and fatty casts.

This case has been treated by letter, and therefore not with satisfaction. His urine now is thus formulated: Quantity, 40 ounces; specific gravity, 1.025; albumin, 10 per cent.; rare hyaline and small granular casts. The cystitis has disappeared. I count this an excellent record in such a complicated and chronic case, especially when treated at "arm's length."

Several other cases might be included in this list, but they have been under treatment for so short a time that marked improvement is not to be expected.

Of several others who have been under my care for a shorter or longer time, and then passed out of my range, I cannot give the present conditions.

Three deaths have occurred. One was that of a man 69 years old who was a resident of Maine, and who was treated at a distance. He visited me only twice in the few months of my attendance, and his case was complicated by recent and severe epilepsy.

The second instance was that of a man of 50 years. He submitted to partial treatment for three months, but then declined even this, and died about one year later.

The third improved until he deemed himself well, and then refused to continue treatment longer. He also died, after two years, with acute recurrence of the disease.

It will be observed that little or no mention is made, in this clinical record, of the amount of urea shown by the various examinations referred to.

As aids in diagnosis and prognosis there can be no doubt that an accurate estimate of the urea and of the other solids is of value.

In the present state of our materia medica, however, its therapeutic value is very limited, and therefore it has been, for the most part, discarded. When accurate and trustworthy

records of the influence of drugs upon the secretion of these substances in healthy provers become an integral part of the materia medica, then we may hope to find therein important therapeutic assistance. But until then such records are of little or no value aside from diagnosis and prognosis. Nor can they alone prove or disprove the conclusions to which less troublesome and more obvious processes lead us even in these fields.

Similar remarks are just regarding sphygmographic records of the pulse. They have a certain diagnostic and prognostic value, but I, at least, have not found them available in treatment, and the therapeutics of this disease has been and is my objective.

Of much greater interest to me is a study of the toxins, which certainly often accompany, if they do not cause, Bright's disease, and a tendency to which, if not eradicated, appears to favor or induce relapses or recrudescences of the nephritis. Here our provings are, at times, of great assistance. They are susceptible, however, of much improvement in this direction.

TREATMENT.

The main remedies employed in the above cases were *arsenicum*, *cantharis*, *lycopodium*, *mercurius*, *phosphorus*, *ferrum phosphoricum* and *sepia*. Of course, other drugs have been intercurrently used.

My views of general management have undergone little change. In this, as well as in many other chronic forms of disease, I have derived inestimable benefit from a combination of the milk, rest and water cures. Indeed, it is amazing to see what can be accomplished by these alone, while, without them, drugs may be set aside as of little use in chronic Bright's disease.

COMPARATIVE VALUE OF ANIMAL AND HUMAN SKIN GRAFTS.—Cousin (Marseilles) in a series of five subjects with extensive denuded surfaces of skin, had occasion to study the comparative value of grafts of human and animal skin. Out of one hundred and sixty-five grafts made with the skin of frogs, chickens, guinea-pigs, the mucous membrane of the mouth, mesentery, and conjunctiva of rabbits, he had but fifteen successful results; while, on the contrary, out of one hundred and twenty-two attempts with human grafts he succeeded one hundred and fifteen times. Hence, he concludes that we should always employ human grafts, unless it is impossible to obtain them, when those of frog's skin should be taken as a second choice. Unfortunately, this animal will give a thin and little-resistant skin, which is darker than the surrounding cutis, but which yet does not seem to contain any pigmentation.—*La Semaine Medicale*.

BOVINE TUBERCULOSIS—ITS PRESENT SANITARY STATUS.

BY PEMBERTON DUDLEY, M.D., PHILADELPHIA, PA.

(Read before the Homœopathic Medical Society of Philadelphia County, October 11, 1894.)

THAT tuberculosis is susceptible of transmission from subject to subject is no longer a pathological question. That a large majority of the cases of the disease arise from and through some mode of transmission is almost as well established. And that practically *all* the cases that occur in the human subject in this part of the world arise from pre-existing cases in man or in the lower animals, is a proposition not without evidence in its favor. Pathologists find it difficult to believe that any case of any other communicable disease ever arises in our day from any other cause than infection, and it seems equally difficult to assign any other agent than infection as the cause of the new cases of the malady under consideration, even though we readily admit the influence of heredity in originating conditions favorable to its development.

The danger of acquiring tuberculosis by means of human infection seems now quite well known to and appreciated by the more intelligent of our people; but that a similar danger lurks in our relation with the lower animals is not so generally recognized by the public, nor is it, indeed, so fully and freely admitted even by the medical profession. It is but just to say that the relations subsisting between members of the human family and those maintained between man and the domestic animals are not precisely parallel, and that the difficulty of convincing physicians that a similar degree of peril exists in the two relationships is due chiefly to this difference. It thus becomes a matter of grave pathological and sanitary interest to inquire into the exact nature of these relations.

The importance of the subject before us is sufficiently indicated by statements that appear from time to time showing the mortality from tuberculosis in various localities and as compared with that from other diseases. I shall not rehearse these statements except to mention the fact that the records published by our own city Board of Health show that since the close of the

year 1880 consumption of the lungs has claimed an average of 63 per cent. more victims than diphtheria, scarlet fever, and typhoid fever taken together. Add to this the well-known fact that the disease rages, almost exclusively, during the most useful (productive) period of life, and we need ask no apology of those who are devoting so much energy and skill to questions pertaining to its prevention.

It has been said of leprosy that it has diminished or increased in prevalence during the past three thousand years, just about in proportion as people have believed or disbelieved in its contagiousness. While we may not make a similar affirmation respecting tuberculosis, we should be perfectly safe in the prediction that this latter malady will never be banished from among civilized people until the fact of its contagiousness and all the chief methods and media of its dissemination are thoroughly understood and appreciated by the mass of enlightened mankind. In the work of stamping out the disease the methods of the past have accomplished nothing. Entirely new measures must be resorted to, or the great white plague of modern times will continue for an indefinite period to demand its perennial sacrifice of hundreds of thousands. And these new measures, to be at all effective, must be based upon an entirely different conception of its ætiology from that which prevailed during the first sixty-five years of the present century; that is, until Villemin proved its transmissibility by inoculation.

When we recall the historic fact that during the Middle Ages tuberculosis among cattle was recognized as a contagious disease, and the use of the flesh of the infected animals as food was prohibited, we find it difficult to credit the popular and professional indifference to its infective power that prevailed in later times, when heredity was deemed a sufficient explanation of all its ætiologic phenomena, until the experiments of Villemin, Clark, Waldenburg, Sanderson, and Fox had again forced an admission of its contagious character.

It will not be expected that in the present paper any new facts will be presented, or any new views advanced respecting its hygienic management. The one desire is to recognize the necessity—not frequently forced upon physicians, but now imperative—of a quite full understanding of a disease which affects a department of the animal kingdom outside the field of

the physician's practice, and this because it is so closely related to the health of the human family.

Tuberculosis is now known to affect cattle in various localities throughout Europe, the proportion of the animals affected varying from a small fraction of 1 per cent. to as high as 50 per cent., or even more. Thus, according to one authority, the proportion of animals infected in one particular locality in Hanover is about 60 or 70 per cent. This, however, is probably exceptional. In America the degree of herd-infection is certainly less marked, though the disease is being disseminated rapidly, its general spread being from the east towards the west. Besides cattle, the disease infects swine, chickens, goats, possibly horses and sheep, and also rabbits, rats, and mice. In cattle, the disease is worse in stall-fed and rigorously housed animals than in those that spend their time in the open air; and there is little or none of the malady on the great cattle ranges of the far west, due chiefly to the prophylactic influence of air and sun-light, though somewhat, also, to immunity from contact with the infected herds of Europe. Also, wherever the disease does prevail, it is worse among cows than among bullocks and steers, simply because the latter are less subjected to confinement in stables, and less to stimulating food and other influences favorable to the development of tuberculosis. Again, it is worse in "high-bred" cattle than in the lower or more common breeds, possibly for similar reasons.

The intensity and potency of the contagion is shown by the rapidity with which it runs through a herd; so that a single animal may, in a surprisingly brief period, inoculate a large majority of its companions. The various ways in which this is accomplished will be presently alluded to. Instances are reported where practically the entire herd has been involved in the localized epidemic almost before the fatal termination has been reached in the original propagator. It must be remembered that the diagnosis is by no means so easy in the cow as in the human subject, particularly when the disorder assumes the chronic form, as it usually does, and this difficulty of diagnosis constitutes a most important factor in the consideration of measures for its suppression.

The conditions and agencies which favor the development and aggravate the intensity of bovine tuberculosis may be briefly stated as follows:

First.—Badly ventilated, or badly lighted stables. The cattle herds of our eastern States are divisible into two classes; one of them being crowded into the old-fashioned stalls beneath the hay-mows of the farmer's barn; dark, dirty, and noisome, but with one or more "windows" opening out into the over-hanging "cow-shed," and admitting more or less cold air, but very little light. The other class, the high-bred cattle, carefully housed in well-lighted, almost luxuriously appointed stables, thoroughly warmed, and frequently and carefully cleansed, and, unfortunately, carefully guarded against any ingress of cold air; the object being to force an over-production of milk and butter. It is difficult to say which of the two classes is more favorably situated as respects health. In both, the seeds of tuberculosis find speedy lodgment, and take on rapid development, just as in the human subject under similar circumstances.

Second.—Fermenting and other stimulating foods, used to increase or improve the milk production. These act by inducing, indirectly, a lower grade of general health.

Third.—Inbreeding: a practice resorted to largely by owners of fancy herds for the purpose of augmenting or intensifying certain valuable qualities. Unfortunately, it equally intensifies the undesirable ones, the predisposition to tuberculosis included.

We have alluded to the subject of diagnosis. The disease in cattle, just as in the human subject, may assume either the acute or the chronic form, and may invade the lungs, stomach, intestines, liver, spleen, kidneys, uterus, ovaries, or the lymphatics in almost any part of the organism; and, by no means of slight import, it may, and often does, find lodgment in the udder, as also in the bones, joints, salivary glands, and other parts. Not infrequently the tuberculous development becomes encysted in the form of firm nodules, hanging like clusters from the pleural surfaces; but, as in the human subject, the diseased masses may assume either the nodular or the infiltrated form in various parts. This wide-spread manifestation of the lesions will account for many of the supposed failures of the tuberculin test; the appearance of failure being due to a lack of thoroughness in the post-mortem examination.

The disease, as it appears in the acute form, runs, as may be supposed, a rapid course. The symptoms that supervene are high temperature, loss of appetite, emaciation, together with

such others as serve to indicate the localities and tissues involved.

In the chronic type, the progress of the morbid processes is slower, generally much slower, than in the human species. The disease may have its seat in some relatively unimportant tissue, and, it is believed, may remain almost quiescent for months or years; or there may be a slow involvement of related parts, without the occurrence of pronounced symptoms sufficient to attract the attention of any but an expert. Even when the disease attacks the lungs, it may happen that for months no suspicion of the real state of health is entertained, the occasional slight cough being attributed to a slight change in atmospheric temperature, to dusty hay, or to over-exertion. Mr. Law describes this cough as "small, dry, wheezy; and it may be several times repeated." It usually occurs "when the animal rises in the stall, or when it leaves the hot stable for the open air, when it is run for a short distance, when it drinks cold water or eats dusty food." "Yet," he continues, "it may show as good spirits, as clear, full an eye, as smooth and glossy a coat, as supple and mellow a skin, as good an appetite, as rich and abundant a flow of milk, and as much propensity to fatten, as its healthy fellows. An accomplished diagnostician may detect altered sounds on percussion and auscultation of the chest, but the difficulty introduced by the heavy muscular shoulder, the frequent variations in the size of the heart, the rumbling and crepitating sounds from stomach and bowels, which, according as they are full or empty, press forward and diminish the size of the lungs, and greatly modify or mask the results, even the able practitioner cannot be trusted to detect these, and the case fails to be recognized. There may be a flow from the nose in which bacilli should be detected by the microscope, but cattle have a habit of cleaning the nose with the pointed tongue, so that the virulent particles are difficult to secure, and when secured they prove to contain but few bacilli, so that a failure to find them would not be so reassuring as it would be in man. A large proportion of cases of chronic tuberculosis of the lungs are of this kind."

In such a paper as this it is not necessary to dwell upon the symptoms as they supervene in the more advanced stages. It is only needful that we keep in mind the more or less rapid ex-

tension of the morbid action to other parts, and especially to those organs which, by the later process of disorganization may furnish material to infect other members of the herd. Among these parts should be mentioned the stomach, intestines, kidneys, and uterus, all of which, through their natural outlets, may poison the unsuspecting companions of the diseased victim. Again, the more superficially seated glands, including the salivary and certain lymphatics, not seldom break down into discharging abscesses which further spread the infection. But most of all we must remember that in the later stages, there occurs an increase of the nasal discharge of "a yellowish, granular, foetid, and often gritty" nature, and which appears to be charged with an intense degree of infective malignancy.

In regard to the question of an infective power in the milk of a tuberculous cow, in which the tissues of the milk gland are not involved in the diseased process, two opposite views are being expressed, and with about equal positiveness; one insisting that the tubercle bacillus can be detected in the milk of all seriously affected animals, even though the udder be perfectly healthy, and the other contending that actual disease of the gland is essential to the presence of the bacillus in the fluid. Without presuming to discuss the merits of either side of the controversy, we at least know that observers practically agree on at least two important points; first, that in advanced stages of general tuberculosis, the milk gland is quite likely to be involved; and secondly, that when it is involved, the milk becomes an object, and in turn, a source, of tuberculous infection. When the disease does attack the gland, its advance is slow and insidious, so that well-nigh the entire structure may be involved before the inexpert dairyman has the slightest suspicion of its nature. And meantime a vast deal of harm may have resulted from the consumption of the milk. Moreover, it is useless to deny that we have some pretty emphatic testimony of an experimental sort, to the infective properties of the milk of non-tuberculous udders of tuberculous cows, though it appears that the infective quality is much less intense than in milk drawn from udders actually tuberculous.

Two important matters remain to be noticed. First, it has been observed that the infective milk of a tuberculous cow is rendered nearly, or quite harmless if diluted with fifty or one

hundred times its volume of healthy milk. Secondly, that tuberculous expectoration which is usually very rich in bacilli, may be diluted with a hundred thousand times its volume without destroying its infective property.

Experiments recently made would seem to teach us that the red muscular flesh of tuberculous animals, if it could be absolutely divested of every trace of lymphatic and gland tissue, would be practically non-infective. Such a process, however, is not practicable in the ordinary household. Even the application of heat, in the process of cooking, cannot be depended on to effect complete sterilization, unless the whole mass, through and through, is maintained at a temperature of not less than 162° Fahr. for at least fifteen minutes.

A word as to the modes by which the infection of tuberculosis is disseminated among cattle. We have mentioned that the discharges from all the natural outlets might become the means of conveying the bacillus, and successful inoculations have been experimentally made with the blood, milk, flesh, nasal discharge, expectoration, tears, urine, and fæces of tuberculous kine. We can, therefore, easily understand that the infection may be received by healthy cattle from contaminated stalls, mangers, hay or grass, from the inhalation of dried tuberculous discharges; from the drinking trough or bucket; from the contaminated stream flowing past an infected herd; from the habit exhibited by cows of "kissing" and licking each other, and perhaps in various other ways. And the important fact is that these newly infected animals may, in turn, infect the human species in ways almost as numerous and equally as certain.

The writer of this paper is by no means an alarmist. Indeed, he is not at all convinced that tuberculosis, as it prevails in our cattle and other domestic animals, is the actual cause of *very much* of the disease as it prevails in the human species. And yet, he admits that there is evidence quite fully supporting the view that at least a portion of the cases of human tuberculosis have their origin in the bovine species. While the proposition, recently offered, that one-fifth of the deaths among infants fed on milk, are the result of bovine tuberculosis, is sadly lacking in confirmatory evidence, yet it is thoroughly unreasonable to suppose that so many infants can be exposed to such a peril as that we have tried to depict, except at the ex-

pense of many lives. Equally irrational would it be to deny that the prevalent custom of eating "rare" beef, taken, as it probably is in many instances, from the bodies of tuberculous animals, is attended with serious peril.

The question of sanitation, as applied to bovine tuberculosis, has suggested itself to the writer in what may be considered an unusual aspect. The suppression of tuberculosis is a quite different business from the task of preventing an invasion of yellow fever or of Asiatic cholera. The disease is in our midst, and is both open and concealed. It "walks in darkness" and "wastes at noonday." If we should decide to make a determined effort to "get the best" of the scourge and to stamp it out, we should have before us two factors, arrayed in mutual antagonism, viz., the suppressive power of our sanitary measures and the infective power of the disease; and the determination of the result, be it near or remote, would be a simple question of arithmetic. If, at the end of a given period, it should appear that the annual mortality remained the same, or had perhaps, slightly increased, it would justify the conclusion that the final result would be failure. But suppose at the beginning of our efforts we should cripple the "infective" factor by a preliminary extinction of bovine infection. Even were the total of such infection but small, it might yet be that its extinction would place our sanitary efforts on the victorious side and give us an annual balance in favor of the public health; and then we would have but to persist in our work and the demon of tuberculosis must in time, be destroyed. Now the interesting fact is that even with the present methods of dealing with pulmonary tuberculosis, the disease, during the past thirteen years in Philadelphia, has not held its own. It has yielded quite considerably. The mortality during those thirteen years—beginning with 1881 and ending with 1893—has been as follows: 2768, 2809, 2798, 2801, 2821, 2834, 2800, 2697, 2532, 2760, 2624, 2709, 2671. Thus there has been a slight decrease in the actual number of deaths, notwithstanding the population has increased twenty-five per cent. So that, to state the fact in proper form, tubercular consumption has diminished twenty per cent. in Philadelphia in the last thirteen years; and the diminution has been quite regular and steady.

Considering, now, that to prevent a case of tuberculosis is to

prevent the formation of a new centre of infection—thus probably preventing other cases—we might ask ourselves the question, how much greater the diminution of pulmonary tuberculosis would have been could bovine tuberculosis have been extinguished thirteen years ago? We do not know, but we may well suppose that for every case prevented in 1881, others might have failed to develop before the close of 1893. So that, even though bovine tuberculosis may cause only a small percentage of the disease in the human subject, still, it ought to be stamped out if possible; and no experienced sanitarian questions its possibility. We are fortunately encouraged by the fact that in any attempt that might now be made in this direction, we should have the scientific co-operation of thoroughly skilled and educated veterinary surgeons.

The State of New York has adopted legislative measures with the purpose of ridding that commonwealth of this scourge among her cattle. Her existing laws on the subject are cumbersome, it is true, and in several respects inadequate; yet good work is being done. The general features of the law provide for the inspection, and if necessary, the testing, of suspected animals and herds by competent experts, the appraisement and destruction of condemned animals, and compensation of the owner by the State. All suspected animals are sacrificed and all thus slaughtered are subjected to post-mortem examination with a view to determine, conclusively, their exact condition. In Germany the discovery of a case of bovine tuberculosis is not followed by the slaughter of the animal, unless it should appear that the malady has made considerable progress; a provision which excludes the possibility of its complete extinction.

One of the chief objections to State suppression of this disease by the summary methods above mentioned, is based on the different estimates of value likely to be placed on the slaughtered animal by the State Appraisers and the owners respectively. This is particularly to be expected in the cases of chronic disease where the cow still continues in apparent health and shows no diminution in the quantity or quality of her milk product. In all such cases public and individual interests will, almost inevitably, come into conflict, unless the State shall adopt an exceedingly liberal policy in dealing with such owners. If the State should, under a mistaken economy, refuse to deal liber-

ally, she must expect to encounter numerous obstacles, if not serious opposition.

In undertaking the work of dealing with this matter, there will doubtless be numerous methods suggested, but I should extremely regret to see any measure adopted in our commonwealth having for its object any thing short of the absolute extinction of the disease and the prevention of its future re-appearance. In order to accomplish such an object, those to whom the work is committed will have to make complete the work of "purification" as they advance, and rigorously guard the purified herds or districts against reinfection, either from neighboring States or from other portions of our own State. The State should provide—and pay—for the examination and testing of all cattle coming into the purified herds and districts, yet without interfering with traffic through said districts. To attack the infection throughout the entire State at one time would be utterly futile as a measure of extinction, though it would be advantageous in other and most important respects.

The details of such an undertaking cannot be included in this essay. They would require most careful study by experts in veterinary matters. The object of this paper is merely to elicit thought and discussion of the subject, such as shall enable us to act with intelligence in the support of judicious measures, if such should be brought up for legislative consideration.

RECOLLECTIONS OF AN ACCOUCHEUR—PART II.

BY GEORGE B. PECK, M.D., PROVIDENCE, R. I.

ONE night, perhaps a couple of years after entering upon practice, I was spending the wee hours patiently awaiting the course of nature in a mansion on or about the Horse Burying-Ground. Four or five sturdy Irishmen sat by the stove keeping it warm and indulging in varied conversation which finally drifted into the consideration of medical men. They unanimously agreed that doctors have a pretty easy time, that they get their money without trouble, and, in fine, have a pretty soft job. I did not deign to notice them, but patiently awaited events. Toward morning delivery occurred; the head emerged

first into the world, leaving the neck to be at once constricted by the perinæum, which was as thick as my little finger and tough as raw-hide; it was utterly unimpressionable to any force that I could bring to bear upon it. In less than three minutes the features of the child were nearly as black as my boot; no means that I adopted seemed to hasten the resumption of delivery, but, of course, sooner or later, nature aroused herself sufficiently to complete the work. As pulsation had ceased in the cord, naught remained but to sever it and employ at once the ordinary methods of inciting respiration. Spanking, sprinkling, hot and cold water plunges, and the various methods of artificial respiration were being vigorously followed up when one of the Irishmen broke forth: "Doctor, there's no use bothering with that young one; its dead!" Putting on as contemptuous an expression as possible, I looked up at him and replied: "It would not be healthy for my professional reputation to lose this child," and continued my work. One half-hour elapsed before I was rewarded by the first gasp, and not until twenty-four hours had passed did the babe utter a vigorous cry. When I felt warranted in discontinuing my exertions, I asked the Hibernian gentlemen what they thought now of a doctor's life? They concluded he earned his money, and they did not want any part of it.

In one of my photograph albums are cabinets of a man and his wife concerning which I often ask the opinion of observers. They are striking, attractive, by some would be termed handsome, and yet there is an illy-defined something about them which invariably occasions hesitation in reply. The man, at the time of the first incident to be related, was engaged in artistic work. The woman had been almost, to the date of her marriage, employed in the packing-room of the screw factory. One night, just as the clock struck ten, and I was starting for my peaceful couch, the telephone rang. I replied, and in answer to various interrogatories responded "Yaas, yaas, yaas!" hung up my receiver, and went to the sitting-room to commence my preparations for a little expedition. My mother asked, "What's up?" I cheerfully replied, "I won't be home till morning." "Too bad!" was her rejoinder. Having gathered my outfit, I took a car to the Bridge, another up the West Side, walked a little distance, and was at my destination. After

watching awhile, inspecting the situation, and noting the character of the pains, I came to the conclusion that about the time I should be desperately hungry, I would have no opportunity to partake of refreshment. Accordingly, I hinted to my patient's mother, whom I knew to be, as well as her daughter, an excellent cook, that if she had a cooky or two convenient they would be acceptable. "Let me spread you a lunch," said she. "Oh, no," I exclaimed, "don't trouble yourself; a cooky or two is all sufficient." "I will get you a lunch," she replied. She immediately commenced vibrating between the pantry and the dining-room, where the table was ever standing. Her trips were soon so numerous that I protested she must not put herself to so much trouble. "No trouble at all, doctor," said she, and speedily announced supper. On entering the dining-room, a glance at the table well-nigh overwhelmed me. "You do not expect I am going to eat all this, do you?" I ejaculated. "I'll tell you what you must do. Put a chair here for the upstairs lady; one there for yourself," pointing to opposite sides of my own chair, "and one for Mr. Jones" (we'll call him) "over there," indicating a position opposite mine. Things were promptly arranged, and three of us were seated, but the fourth chair remained vacant. "Where is Mr. Jones?" asked I. "Oh, he doesn't feel hungry," replied his mother-in-law; "he says he hasn't any appetite." "Can't help that," I rejoined, "we must have him here, too; the more the merrier." She summoned him again; this time more successfully, bringing back word that he would come and see us eat. Accordingly, he appeared and took a seat on the opposite side of the room, whence he could watch us. We were having a pretty jolly time when he suddenly broke out, evidently unable to contain himself longer: "I am going to study medicine; doctors have pretty good times, and I am going to be a doctor." "All right," I promptly replied, "be around at my office to-morrow morning (I knew he wouldn't that morning, for it was past midnight), and I will have your books all ready to put you to work." "All right," he continued, "I'll be there." The repast concluded, I repaired to the sick-chamber. Between 3 and 4 o'clock I had Mr. Jones chasing around the neighborhood for all the old women he could lay his hands on. I found them sufficient employment on their arrival, for neither mother nor

husband could endure the sight of a difficult instrumental delivery. About 6 o'clock I chanced to overhear Mr. Jones tell one of these old women that he had always wanted to see a baby case, especially the last six months, but now he was perfectly satisfied; he never wanted to see another. About 8 o'clock, as Mr. Jones was passing out the back door feeling sure I was not likely soon again to meet him, I called out, at the same time beckoning him, "One moment, Mr. Jones!" Expecting an important order, he returned, and listened with full attention to my next remark: "By the way, Mr. Jones, you will be around at my office bright and early to-morrow morning to commence your studies?" "Not much I will!" he ejaculated, with a violent shrug and toss of his shoulder; "I have seen all the doctoring I want. You couldn't hire me to be a doctor!" Mr. Jones is simply a type of the unthinking multitude; he saw me apparently enjoying myself to the utmost at midnight, but he did not see the black cloud that filled *my* horizon. He could not anticipate the scene that awaited us, and although I succeeded in delivering his wife without injury, the child lived but thirty-four hours. The cause of the death I gave as congenital laryngeal stenosis. I have always congratulated myself upon the apparently successful termination of the labor, for my heart had long been filled with anxious foreboding, as I had known the experience of an elder sister whom I did not confine but had attended for years for troubles consequent upon her accouchement, and was aware that Mrs. Jones's frame is of iron; her tissues of leather.

Mr. Jones, unlike many others of his sex, remembered his lesson, and there were no more births in that family. Perhaps he learned the lesson too well, at least the closing scene of the history of said family suggests the idea. They occupied a cottage some years later near Pawtucket. Occasionally friends from the city visited them, especially a certain married lady, said to reside within half a mile of my home. Mr. Jones appreciated the lonely condition of his guest when separated so far from her husband, and accordingly invited her to share his room, assigning the spare chamber to his wife. She tolerated this arrangement only long enough to arrange for its effectual termination. One fine summer evening the guest appeared according to previous appointment, and Mr. Jones invited her

to accompany himself and wife on a pleasant sail across the bay to a hop at Riverside. Objections were raised and strenuously urged (if ever a woman experienced a presentiment of impending evil she did that night), but the host at length overcame them and the three took their departure. About ten o'clock a deputy-sheriff and a constable entered the house, passed through a room where a gentleman was reclining on a lounge (he told Mr. Jones afterward that he was sound asleep when this occurred), and secreted themselves under the roof by climbing through a scuttle in the front hall. The dancers returned about midnight and retired according to their usual custom. When all was quiet the officers descended from their hidden eyrie, and after striking a light entered Mr. Jones's apartment, where they discovered by the necessary procedure that he was in bed with a woman to them unknown. When the officers left the house Mrs. Jones accompanied them with her personal effects. A divorce was readily procured. Another epoch in Mrs. Jones's life may be interesting in this connection. Her father had become paralyzed and almost helpless, her mother had died. She toiled and slaved despite my protestations for that parent's benefit who had been anything but a good father to her, until she was completely exhausted, when in the hope of securing to her father the comforts of life during his remaining years, she gave her hand to a man old enough to be her father. Unfortunately he proved unequal to the responsibilities assumed, the father was removed to the Pawtucket poor farm, where he enjoys every necessary comfort, and the daughter provides for herself. Whatever may be or may have been the faults of Mrs. Jones, I can entertain but feelings of profound respect toward a person who would make such a sacrifice for such a purpose.

About three years after I commenced practice, a young (?) medical student who had just attended his first course of lectures at a New York college, asked me if I could take him to a baby case. After a moment's reflection I bethought myself of an engagement in one of the palatial structures in the rear of Gaspee street, occupied by the Irish wife of an Italian organ grinder, and also by a Hibernian pair. I told him I guessed I could if the hour favored. Fortunately events permitted me to secure the student's attendance almost at the beginning of labor.

There was nothing noteworthy in the delivery. The babe had been handed to the Irish woman who had kindly volunteered to serve as nurse, and she was engaged in performing its toilet when I started to leave. "But, doctor!" exclaimed the student, "you are not going to leave the woman in that condition are you?" "Why" said I, "the nurse will attend to her as soon as she has finished with the child." "But you are not going to leave the woman lying there in all that water! It is outrageous!" So I had been taught, and so I had thought once, but had become wiser through experience, for such people do not die that way. Being more than willing to give him a little instruction on that point that he might escape many anxieties that I had endured, I continued "She will take no harm, she is all right." "Well, if you do not change her I shall," was the prompt rejoinder. "Very well," I replied, "if you want to change her go ahead!" expecting that the mere suggestion would so dash the modesty of the *young* student it would terminate all further demonstration. To my great surprise and intense amusement he had every rag of clothing stripped from her person in less than two minutes. Of necessity I turned and assisted in the completion of the woman's toilet. My mind was filled with wonderment and sore perplexity at this extraordinary manifestation, until I suddenly realized the young physician was a widower with three children! The mystery was solved and the laugh turned on me.

Presumably in the fall of 1880 as I entered my office one afternoon I found a messenger from an enterprising irregular practitioner, who was then just assuming the full duties of his profession, with a request to hasten at once to his assistance in a case of adherent placenta. I was frightened. I had no time to consult any authority; I could only think, and this I kept busily at during the two mile drive which separated me from the patient. The attendant met me with a careworn countenance, while deep anxiety marked the face of the entire family. The child had been safely born about 7.40 A.M.; the accoucheur after attending to its wants and waiting twenty minutes for a pain attempted to remove the placenta, but found it impossible. He waited another twenty minutes, no pain supervened, the patient seemed comfortable and there was no hæmorrhage, yet he deemed a second endeavor desirable. This too proved un-

availing; the placenta was immovable. Two or three other equally futile attempts were made. Meanwhile my office hour had passed, and he knew I could not be obtained until the afternoon, so with illy-concealed fear he watched the case during those tedious hours. I found there had been no hæmorrhage, that the patient's strength was good, and although her countenance was rather flushed her flesh seemed of normal temperature, so I told her parents not to be alarmed, that I would investigate the situation, and then perhaps I could give them definite information. Anointing my fingers and pressing it between the vulva with anxious foreboding I encountered an obstacle which produced such a revulsion of feeling, that had it not been for my friend's reputation I would have given vent to peals of resonant laughter. I fumbled round outside the vulva, knowing well the primipara would understand nothing of what I was doing, while I gravely and deliberately informed the anxious parents that there was little cause for apprehension, that after a slight operation, which would be almost painless, the labor would be terminated, in fact, I felt warranted in assuring them that there was absolutely no danger, and in a short time their daughter would be all right. After deliberately washing my hands, I retired with the attendant through one door after another, each being carefully closed, until three had been passed, and then, when secure in the remotest corner of the house, turned upon my companion who had followed me, with inquiring eyes, and exclaimed, "Why, in thunder, don't you take that placenta?" "What?" said he. "Why," continued I, "nature has done about everything she could for you; had the girl not been a primipara, the placenta would have followed the child into the world. As it is, it is there in the vagina, and all you have to do is to take it." "But," said he, "I pulled at the cord, and I couldn't produce any effect." "Of course not," I replied, "you simply wedged it in the tighter." After explaining to him the exact situation, and the method of procedure, we returned to the lying-in chamber. I gravely informed the family that the doctor's views of the case coincided entirely with my own, and after a slight operation the daughter would be safe and sound once more. The attendant attempted to remove the placenta, but was meeting with little success, when I exclaimed, leaning over his shoulder,

“Let me see,” and slipping my finger down over his, I succeeded in hooking the edge of the placenta and drawing it down within his reach. In a few moments more, the labor was completed. During our *consultation* the doctor(?) urged me to make it all right with the family. “Certainly,” I replied; and so when I was arranging to leave the house, I remarked, in view of his diagnosis, but without making any statement myself as to the nature of the difficulty, that at Lake George, the preceding year, at a meeting of our national society, I had “heard a prolonged and animated discussion between two physicians—professors of obstetrics in rival colleges—regarding the proper method of the treatment of adherent placenta, each advocating courses diametrically opposed. When such people differ,” I added, “we ordinary practitioners like to halve the responsibility.” They had asked no questions, and I had told no lies. It is needless to state this was the gentleman’s first case.

Perhaps a year later I was summoned by the same practitioner at the same hour of the day to another consultation. I was aware, from previous conversations, that this meant a forceps case. On reaching the house, I found a young woman of the upper middle class who had been in labor since the middle of the preceding afternoon. The attendant informed me that when he reached the house about seven or eight o’clock the preceding evening, he found the pains as vigorous as at that instant, but her condition was apparently more unfavorable, in that she was extremely weak. A liberal exhibition of brandy, however, had overcome this difficulty, and she seemed in excellent condition save that the head had not engaged. After an examination, I asked the doctor privately if he had tried change of position or external manipulation. He replied that he had not. I told him we would see what could be done in that line before resorting to instruments. Success attended my efforts, the head was engaged, and descended perhaps three inches, when progress ceased. After waiting half an hour, according to my usual custom, I took the attendant one side and told him I guessed we should have to use forceps. “I told you I had got a forceps case,” he replied. “I know you did,” was my rejoinder, “but you had no reason to think so until this instant.” I explained the method of applying the blades to his perfect comprehension. We returned to the

lying-in chamber; the membranes were ruptured; the doctor applied the lower blade as promptly and as artistically as if he had done it a hundred times before, and had inserted the upper about half-way when I found it necessary to exclaim, "One moment, doctor; there's a pain coming!" He promptly withdrew the blade, which he held, and then, before I realized his purpose, *he removed the other!* It is needless to assure you that I was mad clear through. When the pain was passed, I turned to him and remarked, "Now, doctor." He replied, "I have been up all night, and am pretty tired; suppose you apply the blades." "All right," I responded; but it was not all right; the golden moment had passed. Pain after pain followed each other in rapid succession, and it took me at least five times as long to perform the duty as he had required. When they were securely locked, and the screw adjusted to a proper grip of the foetal head, I turned again to the attendant and tendered him my position. Said he, "You have gone so far, perhaps you had better finish." "Very well," was the reply, and at the next pain I made proper traction. No advance was perceptible. I lowered the screw a quarter-inch, and awaited the next pain; again my effort was futile. I looked at my patient's face, and soliloquized, "You have suffered long enough; you shall suffer no more if I can prevent it;" ran my screw out of sight, brought my handles together with an almost convulsive grasp of my right hand, relaxed my grip and patiently waited the next pain. When it came, advance was readily noted, and the patient with reasonable promptitude was safely delivered. The pulseless cord was at once severed, and the infant turned over to the attending physician for his consideration. I devoted my attention to the mother. When my duties had terminated in that direction, the doctor requested me to assist him. To gratify and amuse him, I complied, permitting him to send for and to use his battery, but all availed as much as I expected such procedures would amount to when I brought the handles of my blades together. Two years later, I understand the lady was safely and pleasantly delivered of a living child by our most esteemed associate, Dr. Charles L. Green. She informed him that she supposed Dr. Peck did know something about his business, but she knew the other doctor didn't. Yet, in the decade that has since elapsed, that gentleman's pecu-

niary success has been far greater than mine, for he has supported a family in good style, while it has been all I could do to care for myself. He is fortunate in possessing natural aptitude for his chosen profession, unfortunate in never having received technical training.

One Sunday morning I found myself on Douglass Avenue, just above Chalkstone Avenue, attending a multipara. Her pains were vigorous, even powerful, yet no progress was perceptible. Careful investigation revealed a partial occlusion of the vaginal canal by a protuberance in the coccygeal region apparently the size and shape of a common lemon. Further investigation demonstrated a densely impacted rectum with a report of no ejection during the three preceding days. No syringe was in the house, none could be borrowed from the neighbors, none could be procured from a drug store, for the hour was too early; yet something *must* be done, and that *immediately*. Remembering tales that I had heard or read, I asked for a teaspoon, but I might as safely have undertaken to use the blade of a pocket knife as its handle. Then I demanded a pewter spoon, but a brief attempt showed its employment would have been scarcely less hazardous. Naught remained but that best of instruments, whether surgical or obstetrical, invented long before all others, the index finger of the right hand. I used it very much as I would use a cleaver; it required all my strength to destroy the adhesiveness of a mass that rivalled in density the hardest clay I ever saw. Had my patient been a primipara I would have thought nothing of the occurrence, but she was of a class whose general cleanliness and attention to the proprieties of life would naturally be inferred from the condition in which I found her. I was thoroughly angry, and determined that if I ever found myself in such a predicament again, it would be when many more years had elapsed than had already passed over my cranium. The experience has *not* been repeated. She was safely delivered, and I guess I received ten dollars for my trouble some two years afterwards.

A dozen or more years had rolled away when I was called past midnight to attend a woman on Olney Street, that I had already twice or thrice confined. On reaching the house and considering the situation, I told the husband he had better go for his nurse, who was residing in East Providence. All night

electrics were unknown at that time. He had not been long gone when my patient complained of a very peculiar pain about the navel, or perhaps a trifle above. It seemed to increase in intensity with each labor pain. I observed that these were apparently futile though vigorous. I know not why, but the idea of an impacted intestine flashed upon my mind. Visions of the past were aroused, my blood began to boil, my countenance assumed a determined expression. I directed her to take an enema of three quarts of warm water. She retired to another room (we were in the lying-in chamber), and in due season reported that she had performed the little experiment, but met with trifling results. I asked how much water she had employed, and she said she guessed she had used about a pint! A severe pain with this peculiar complication occurring at that moment, I told her that if she couldn't give herself an enema, I knew somebody that could administer one. We retired to the other room, and with the patient upon her back I essayed the experiment. At first the water flowed back each side of the nozzle as fast as it was pumped in. I told her sharply to stop that nonsense, that I could not tolerate anything of the sort; that she must take three quarts of water at least. She displayed more control of herself after the rebuke, and I succeeded in injecting perhaps three pints of water, when she avowed that she could hold no more, and I believe that so long as she remained in that position she could not. I desisted in my endeavors, and left the room. When she rejoined me she stated that still little effect was distinguishable. The peculiar pain now manifested itself yet more strikingly with each succeeding uterine contraction, and I became correspondingly anxious, correspondingly determined. I told her that I would try once more, and this time I was sure I would accomplish my purpose. I filled one of the largest china wash basins I ever saw nearly to the brim with water, and having placed my patient in the knee-chest position, proceeded to pump until it was almost entirely emptied, and she exclaimed that positively she could hold no more. Once more I left the side chamber, and when she appeared she stated the treatment had been most effectual, that large masses of fecal matter had come away, and she was sure the endeavor had been a grand success. I had prepared her bed for the accouchement, and it seemed best that she should take

her place thereon. Suddenly she exclaimed, "Oh doctor, the water is coming!" I was nonplussed, I was frightened. I imagined she wished to intimate a gush of the *amniotic* fluid had occurred, but I knew *that* had been slowly dribbling away since the preceding evening, so my only thought was of hæmorrhage. I started at once to investigate, but quickly discovered that it was merely another discharge from the rectum, and it was only a quick jerk of the bed linen that saved me from receiving the full benefit of a squirt. I asked if she felt there was more to come; she said, "yes," so I made her stand upon the floor, which, luckily, was destitute of a carpet, until she believed the intestine was entirely empty. Unfortunately, all her apparel had become thoroughly soiled, and my next duty was to effect a change of raiment. This was accomplished as rapidly and as decorously as possible, my patient still remaining standing. The bed was then made tolerably neat, and she took her place upon it. Only one more moderate gush of water ensued, from which also I fortunately escaped, and after a few normal pains delivery was accomplished without harm or difficulty. By that time the husband had returned, and I set him to work cleaning up the floor. When the nurse appeared, a half hour later, my patient at once proceeded to give her a graphic account of her experiences. I took occasion to correct her version by observations from my own standpoint. We had a merry time over the misadventure. The nurse congratulated herself that she was not present, and thought it fortunate that I was able to view my annoyances in a comical light. I *had* deemed an impacted rectum as disagreeable a complication as can exist; I think now that a diarrhœa *may be* more awkward.

EVOLUTION OF THE FŒTUS.

BY HORACE G. GRIFFITH, M.D., MANAYUNK, PHILADELPHIA.

THE malposition of the fœtus being relatively rare in proportion to the number of children born gives interest to any unusual case, particularly where nature performs the work unaided by art. I recently met my first case of arm and shoulder presentation. Judging from the statistics given in *Churchill's Sys-*

tem of Midwifery, p. 423, the presentation of the superior extremities is not a usual condition, being about 1 to 208½. The following case in illustration :

Mrs. Ida D., aged 22, mother of three children, this being her fourth confinement. Labor set in at 3 A.M.; waters broke twenty minutes later with a gush. Was sent for at 7 A.M.; found pains very severe about three minutes apart, she making the remark "that with such pains it ought to be all over as she was always quick." Examination showed the cord prolapsed, and right arm and shoulder presenting. Version being the only resort, called in Dr. Meyers to assist. About fifty minutes elapsed from the time of first examination until the doctor arrived. Again examining we found that nature was performing a version, the case being resolved into one of breech presentation which was delivered with little difficulty. Child weighed 8¾ pounds.

Such a position is usually considered impracticable of delivery unless assisted by art. That nature may succeed in expelling the child was noted by Dr. Denman in 1772 and he gave to such changes the name of "spontaneous evolution of the fœtus." That the condition could occur, was doubted by many reputable practitioners, but in 1811 Dr. Douglass gives the following observations which apply exactly to the case cited. "Before its expulsion the situation of the fœtus resembles the larger segment of a circle; the head rests on the pubis internally, the clavicle presses against the pubis externally, with the acromium stretching towards the mons veneris; the arm and shoulder are entirely protruded, with one side of the thorax not only appearing at the os externum, but partly within it; the lower part of the same side of the trunk presses on the perinæum, with the breech either in the hollow of the sacrum or at the brim of the pelvis ready to descend into it and by a few more pains the remainder of the trunk with lower extremities expelled. The breech is not expelled exactly sideways as the upper part of the trunk had previously been; for during the progress of that pain by which the evolution is completed there is a twist made about the centre of the curve, at the lumbar vertebræ when both buttocks, instead of the side of one of them are thrown against the perinæum distending it very much, and immediately after the breech with the lower extremities

issue forth; the upper and back part of it appearing first, as if the back of the child had originally formed the convex, and the front the concave side of the curve.”*

“The head and shoulder depressed in the pelvis are fixed, the remainder of the body doubled up, inch by inch is forced into the pelvis, through the external parts until all below the arm is expelled leaving the case to be terminated as a breech or foot presentation; at no time is the arm retracted, in fact seemed to be further protruded.”

The above conditions existed in this case, and what seemed to be a severe operation was resolved by nature into a very simple procedure. The pelvis was roomy but not overly large; no rupture of perinæum. While it might not be good practice in all cases, yet in this instance waiting saved the patient a severe shock, and demonstrated that nature can and does remedy many seeming impossible conditions.

Six weeks before a sister of the patient had a similar condition; version was resorted to. She made a good recovery.

THOUGHTS ON MATERIA MEDICA.

BY FRITZ C. ASKENSTEDT, M.D., BRYANTSVILLE, KY.

(Read before the Kentucky State Homœopathic Medical Society.)

HOMŒOPATHY, as a distinctive school, stands or falls with its *materia medica*. Comparative statistics everywhere show a smaller death-rate in homœopathic practice than in that of the dominant school, yet, in an age of progress like ours, when our old-school *confrères* are making slow but steady advance in scientific medicine—indeed, in a gradual adoption of our own tenets—the future of our school depends upon elimination of whatever is imperfect or inaccurate in the practical application of our therapeutic law. Of course, no physician would claim that *similia similibus curantur* is the *only* method of cure. A change of climate has sometimes proved more beneficial than the well-selected medicines; hygiene is regarded as essential by physicians of all schools; it would be gross ignorance to

* *Churchill's Midwifery*, p. 422.

neglect dietetics in a case of scurvy; the best interests of a patient with hæmorrhage, eclampsia or threatened heart failure demand a palliative, and various results of pathological processes imperatively call for the surgeon's knife; nevertheless, any physician who has resorted to all of these and neglected the indicated homœopathic remedy has done only part of his duty.

The importance of a predisposing cause in the ætiology of disease is gaining confirmation by recent discoveries in bacteriology, especially by the experiments made by Prof. Pettenkofer and his followers, and while this predisposition at times may be a mere temporary depression of the vital forces, it frequently manifests a peculiar proclivity to certain maladies with apparent immunity from the infection of others, as hereditary influences prove. That this original disturbance of health or dyscrasia, which has escaped detection by the dissector's scalpel and the most powerful microscope, cannot be corrected by palliation of its results, is a self-evident proposition. In the aim to remove this latent cause of disease homœopathy stands practically alone.

A disordered or impaired function of any part of the human economy will, if not corrected, through the cerebro-spinal or the sympathetic nervous system originate a definite course of disturbance in other organs, or at least cause these to perform their normal functions with difficulty. A coincidental external disturbing influence, such as exposure to cold, contagion or excesses in living, which in perfect health could be effectually resisted, would under these circumstances overpower the endurance of the parts and change their activity into pathological processes, continually favored by the predisposing cause. Hence the practice of routine prescribing for stereotyped diseases is empirical and cannot have the best results.

That every drug has a uniform order of physiological effects has been verified by Dr. Woodward's investigations reported to the American Institute of Homœopathy in 1892, and the medicine which in the healthy body produces a train of symptoms similar to those of the disease must reach the seat of the original disorder as well as those parts subsequently involved, and by virtue of its similarity of action stimulate the reactive forces—the *vis medicatrix naturæ*—in the direction of the disease.

The basis for the proper selection of the homœopathic remedy must necessarily be the totality of the symptoms, but while avoiding routine prescribing on the one hand, indiscriminate symptomatology is to be shunned on the other. That our materia medica, which is the production of a vast amount of painstaking labor and fully merits the pride of the homœopathic profession, still remains deficient at some points, we are all willing frankly to admit. Among these perhaps the most conspicuous is the lack of systematic classification of symptoms in order of their appearance, so as to afford the student a conception of the *modus operandi* of each remedy and enable him to properly interpret the groups of symptoms successively produced into their corresponding pathology. A good homœopathic prescriber must be thoroughly familiar with the action of the medicines he employs. If a superficial symptomatology is all that is necessary to the selection of the similimum, the formidable array of contradictory symptoms our larger works on materia medica already present tends to increase confusion and embarrassment rather than insure certainty. We find that *sulph.*, *natr. mur.*, or almost any other well proven drug covers the symptoms of an unreasonably large number of cases, and well might the inexperienced student pause and wonder in amazement at the versatility of nature—or the imagination of the provers. The apparently contradictory symptoms could all be brought to harmony by being properly classified in order of their development, making distinction between the primary and secondary effects. If, as is generally conceded, the secondary effect is the reaction of the system, it is evident that such symptoms should furnish no indication to the remedy unless the primary symptoms have first been found to correspond to the previous symptoms of the disease. For illustration, if *podophyllum* produces constipation as a secondary effect, we cannot expect this remedy to *cure* constipation unless it is a result from a diarrhœa presenting symptoms similar to *podo.*, or where diarrhœa and constipation follow each other in alternation. For the relief of habitual constipation *podo.* must be given in physiological, or allopathic, doses. Likewise, *opium* will, in high dilutions, frequently cure constipation which may or may not be alternated with diarrhœa, but to make an impression upon a diarrhœa not resulting from constipation it must be

administered in material doses. The combination of half a dozen secondary symptoms, a few reflex, and some primary, to to which an unintelligent use of symptoms may lead, forms no picture characteristic of the drug action, and a remedy thus selected could hardly be called homœopathic to the case, though all the disease symptoms be covered (indiscriminately).

An intelligent interpretation of the symptoms with their pathological equivalent would greatly aid us in the choice of the proper remedy, for the truly homœopathic medicine should in the healthy person produce a like affection. A case of nausea from pregnancy with a coincidental headache might from a comparison of symptoms seem to call for *iris*, which naturally would fail, since the medicine must have a special influence upon the hypogastric plexus of sympathetic nerves to be curative.

Much stress is laid by our works on materia medica on subjective symptoms, and all are more or less useful, but that the objective afford us more positive information, and, therefore, are of greater therapeutic as well as diagnostic value, there can be but little doubt. Since language is but an artificial means, the correctness of the expression of our feelings depends largely upon education. Morals, temperament and habit, also influence the accuracy of expression; some people habitually and unconsciously speak in the superlative, while others intentionally try to deceive. The hysterical woman, hoping to elicit sympathy, will tell a story of insupportable pains and remarkable experiences that knows no end, while cross-questioning often reveals the unreliability of the statements of others apparently sincere. Others, again, will complain of nothing save a "misery," and hesitatingly answer all questions in vague and nondescript terms; and when the greatest friend of homœopathy, the baby, requires our attention, we have for obvious reasons none but objective symptoms to prescribe on. Has it ever appeared that homœopathy is less successful in diseases of children than in those of the adult?

As in diagnosis of disease we depend principally upon physical signs, so in the choice of a remedy we should learn to depend mainly on objective symptoms—the subjective and reflex being secondary in importance—applying, as nearly as possible, pathology to pathology.

Since pathological states are recognized by definite groups of

symptoms, there must be a constant association with certain remedies. Thus, after eliciting the essential symptoms of the disease, we select a corresponding group of medicines, then endeavor to find the predisposing cause (or causes) and select from the first group the indicated remedies, and among these find the similimum on the totality of symptoms. For example, in pneumonia, with essential symptoms of hurried breathing, cough and bloody sputa, we first collect all remedies that present these symptoms; if we find an irregular pulse, vertigo, nausea and vomiting, pointing to an original weakness of the pneumogastric nerves, the choice will be from that group whose remedies produce in the healthy body, through their influence on these nerves, the above symptoms of the lungs, such as *ant. tart.*, *ver. vir.*, and *sanguinaria*, if there be an inherited predisposition, with debility and malnutrition, such as act through the sympathetic nervous system, as *sulphur*, *hepar sulph.*, *mercurius*, *lycop.*, and possibly *phosphorus* and *ars.*; when from plethora, *aconite* and *belladonna*; if from disorganization of the blood, as in toxic fevers, *phosphor.*, *arsenicum*, and *arnica*; if from extension of pluritis, or largely complicated with it, *bryonia*; when due to congestion from an embarrassed circulation, *cactus* and *digitalis*. It is reasonable to suppose that when a remedy has accordingly been selected, the similia will be so close that the disease symptoms developing later will, to a considerable extent, correspond to the later or secondary symptoms of the drug, thus confirming the remedy, and a change of medicine will be less often indicated.

It is true, no drug can produce a pathological state identical to the ordinary maladies, but the striking similarity of action between some well-proven remedies and certain diseases as *belladonna* to scarlet fever, *mere.* to syphilis, *antimon. tart.* to pneumonia, *baptisia* to typhoid fever, *mercurius cyan.* to diphtheria, etc., warrants the supposition that an affection analogous to every form of disease may be induced by drugs, were their provings sufficiently extreme. To advocate a revival of the ancient custom of executing the death-penalty of the law by means of various poisons is like a voice of one crying in the wilderness, notwithstanding that it seems less barbarous than the ghastly scaffold, and that it would compensate society, in some measure, for crimes committed; and since cases of acci-

dental poisoning afford only a partial proving, as drugs taken in single toxic doses act with an overwhelming power upon the nervous system, to a greater or less extent destroying its excitability, and by depressing the heart and respiration produce profound reflex symptoms that mask or prevent the development of remote drug symptoms, we are forced to depend wholly upon voluntary provings with continued physiological doses for our study of drug pathogenesis. Honor is due to the many enthusiastic workers who by instituted provings have rendered to our *materia medica* the degree of comprehensiveness it now possesses, and by the additional aid of urinalysis, microscopy, thermometry, and other instrumental means of diagnosis to disclose the pathological significance of the symptoms produced, a more accurate knowledge of the action of each remedy could yet be obtained.

My apology for appearing before you with this paper is the general difficulty experienced in the selection of the homœopathic remedy on the totality of symptoms when each is given an equal value, which difficulty is apparent from the almost universal practice of alternating or mixing remedies; and should my effort evoke a discussion by the abler minds of the convention leading to a more accurate and rational application of the principle of homœopathy, the object of this paper will be fully realized.

THE TREATMENT OF HERNIA.

BY C. F. SOUDER, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society, county of Philadelphia.)

THERE are few affections more general than hernia (statistics stating the proportion to be 1-10 in the male; 1-20 in the female; from Kingdom's report, in every 100 cases, there were 84 inguinal, 10 femoral and 5 umbilical), or where there is so little interest taken by the profession for its relief and cure. The general opinion of the physician and laity is, relief can be obtained only by an operation or truss, and as the majority of ruptured people will not consent to an operation, unless in case

of strangulation, their only hope lies in their being able to obtain a comfortable truss.

At present there are five different methods of treatment: (1) truss; (2) external irritation, massage and astringent applications; (3) electricity; (4) injection; (5) operation. Of the first three little has been said, but lately several articles have appeared in medical journals condemning the injection treatment, claiming it was unscientific and often caused suppuration, blood poisoning and other serious results, but advocating operative treatment as the best means of curing. Dr. John Wood, of London, whose percentage of cures by surgical operation is among the highest (claiming 73 per cent.) of his 155 operations there were 2 deaths, 40 failures and 113 cures; although obtaining such excellent results, he advises wearing a suitable truss as the best treatment. Of 22 operations by Dr. Wood's method from the practice of Dr. Cheever and of the Boston City Hospital, 3 were permanently cured, 3 were much relieved, 2 died and 14 failed. Dr. Gross says: "For the reducible hernia, the best remedy is a suitable truss." Regarding Dr. Wood's figures he says: "I have no desire to impugn the figures of Prof. Wood, for his statements are always reliable, but it is certain that his experience is widely different from that of other practitioners in the same branch of surgery. It may be confidentially asserted from our present standpoint in all such operations that most of them, however promising their immediate results may be, turn out, and that at no distant day, to be failures." Dr. John A. Wyeth says: "Of the various proceedings which have been introduced that known as Heaton's operation (injection), is the simplest in execution, involving less danger and annoyance and offers fully as great a prospect of success." Dr. Wm. Tod Helmuth says of Heaton's treatment, "I have used this method many times with success that has surprised me; at other times with failure and again at others, I have been disappointed to find that after the removal of the ordinary truss which I have used, the gut would appear at the opening of the ring and though not coming down as far as before the operation, yet would cause sufficient inconvenience to require a second injection; my experience is that half the operations succeed. In my recent treatments, I have had recourse to two injections before allowing the patient to leave his bed."

Some of the objections to Dr. Heaton's formula as improved upon by Dr. Warren and recommended by Drs. Helmuth and Wyeth, are: it causes intense pain; requires the patient to be in bed for some time and is occasionally followed by suppuration, but has the advantage of requiring only one or two injections and two or three weeks to effect a cure. One of Dr. Warren's formulæ is:

R.—Fl. ext. quercus alba,	. . . . .	ozs. 2
Alcohol, 90 per cent,	. . . . .	ozs. $\frac{1}{2}$
Ether sulph.,	. . . . .	grs. 4
Tr. veratrum vir.,	. . . . .	drs. 2
M. Sig.—Inject 15–20 minims in small and recent hernia, but 25–50 in large or old hernia.		

Its objections can be overcome by dilution, but will require several injections to effect a cure. The following is a milder formula, but I do not believe the results are as permanent as when some form of the above is used.

R.—Sulpho-carbolate of zinc,	. . . . .	grs. 5
Hamamelis dist.,	. . . . .	drs. $\frac{1}{2}$
Alcohol, 95 per cent.,	. . . . .	drs. 3
Aqua dist.,	. . . . .	drs. $4\frac{1}{2}$
M. Sig.—Inject 5–10 minims once or twice a week until cure is effected; zinc sulphate, grs. 4, may be used instead of the sulpho-carbolate of zinc.		

Some of the advantages of a mild injection fluid compared with a surgical operation are: results are as good; slight danger, if any, with ordinary care; no anæsthetic needed; no complications; no detention from business. If complete cure is not effected, the patient is enabled to wear a much easier and lighter truss, and in case the hernia returns the patient is not in a worse condition than before beginning treatment.

The object of the treatment is to close the rings and canal. There are two methods of performing the operation—Heaton's, the patient being in the recumbent position; the hernia and its coverings being completely reduced; the needle (using a hypodermic syringe and taking antiseptic precautions) is inserted at the external ring and follows the canal nearly its entire length before injecting the fluid; the other, following the spermatic cord with the finger on the outside to the desired point; then inserting the needle directly under the finger till into the canal;

before injecting taking care not to inject into the cord or into the abdominal cavity. It is of the utmost importance for the patient to wear a comfortable truss, having sufficient pressure at the internal ring (if it be indirect) to prevent the hernia from entering the canal. It should be put on before assuming the upright position, and should be worn day and night during the treatment, and for weeks afterwards during the day-time. When the abdominal muscles are flabby, there is less hope of the patient being able to dispense with his truss. This may be overcome by massage, cold sponging, or the faradic current.

I have given hundreds of injections and have seen the results in over one hundred cases. I never treated a patient with a reducible, indirect, inguinal hernia who could not stand up and cough, after a few treatments, without the hernia appearing and without support of any kind. I never saw any serious results from the treatment; all have been benefited, and at least 70 per cent. cured or simply have to wear a light support. If physicians knew the efficiency of the treatment, thousands of sufferers who are now living a miserable existence could be made comparatively comfortable. Trusting this will call the attention of the profession to the importance of the treatment, for further reference concerning it consult Dr. Warren's *Treatise on Hernia*, and Helmuth's *Surgery*.

SEPIA IN CHRONIC GONORRHOEA.—Dr. Kunkel, of Kiel, Germany, was consulted by a young man of twenty-nine years, who had been suffering from a chronic gonorrhœa of six months' duration; besides, he complained of stitches in both hypochondria, especially on rapid movement, shortness of breath; a blowing systolic murmur was made out at the apex. Nat. mur. x, a dose every week. In two months he was better. Two months later he reported: night sweats; in the morning on awakening often sleepy; headache occasionally during the day; he cannot bear to sit still. Sepia x, a dose every week. In three months he reported that the discharge was only occasionally to be observed. General condition good; yet now and then headache. The remedy was continued until he disappeared from view. The writer claims that if we are to obtain results in chronic gonorrhœa we must keep in sight the constitutional basis. The higher dilutions are more active here. Besides natrum muriaticum, both sulphur and sepia will yield good results. In case other antisycotic remedies are necessary, thuya and phosphoric acid occupy the first series and staphisagria the second. As a rule, the patient's general condition is unbalanced and most distinctly in those cases where thuya is indicated. In phosphoric acid the extreme relaxation and lack of energy of the patient impress one decidedly. They are sleepy, indisposed both to work or to amuse themselves; they suffer from flatulency, also painless diarrhœas, which are gray or whitish and contain undigested foods. The urine is characteristic; either as clear as water or dark and turbid on standing, as well as fetid. In the morning, on awakening, the patient complains of a great deal of mucus having collected in his mouth.—*Archiv fuer Homœopathie*, No. 10, 1894.—[Gonorrhœa will cure itself in time, as undoubtedly this case did.—Eds.]

CORRESPONDENCE.

AMALGAMATION.

EDITORS OF THE HAHNEMANNIAN MONTHLY:

IN the April number of your valuable journal appears an editorial upon "Amalgamation," purporting to give an outline of the situation of homœopathic affairs in Michigan. It seems a little unfortunate, not to say unfair, to speak of the efforts the profession of this State have been making in behalf of the Homœopathic Medical College of the University, as "unseemly wrangling." Thus to characterize these efforts, is moreover, to heighten the impression, already wide-spread, that the homœopathic physicians of Michigan are a turbulent, quarrelsome lot, who continually bicker and fight for mere pleasure.* From a more or less intimate experience with the medical matters of this State, extending over the past fourteen years, I think I may safely declare that this impression is not justified by the facts. That there has been a continual struggle for rights, is doubtless true, but the interests involved have usually been paramount to the profession at large. As for mere quarrels, these may not have been unknown, but we have had no more than our share. In the present instance, if I may be allowed to amend your presentation of the matter, the situation is briefly this:† The Homœopathic Medical College of the University exists by virtue of special acts of the Legislature of the State. The instruction in certain chairs, *e.g.*, anatomy, chemistry, pathology, physiology, etc., being given by professors in the Department of Medicine and Surgery to all students in common, its affairs are necessarily involved with those of this department, and to some extent are governed by rules emanating from it. The virtual governor of the Homœopathic College is the chairman of the medical committee of the Board of Regents, an old-school physician, who is now endeavoring to do away with it

* The fact that such an impression is wide-spread, seems to prove that our use of the expression objected to is not altogether inexcusable.

† We cannot see that our presentation of the case, which did not enter into the merits of the respective sides, was in any way unfair, although it may have been incomplete.

altogether. This situation has led to certain difficulties in the administration of the affairs of the college, although it has not depreciated the character of the work done, or the quality of the education received by its students. Up to two years ago, although its classes had never been large, its standing was as high as that of any homœopathic college in the country, and its success, as measured at least by an enviable reputation, was assured. The events of its history since then, are common property. Its loss of popularity, the sweeping reduction in the number of its students, indicate one thing, viz., that the profession has lost confidence in it. I wish to emphasize the fact that previously, even in the face of these inherent difficulties in its management, with the regents on the one hand, and the Department of Medicine and Surgery on the other, the college flourished. Its faculty had the confidence and support of the profession.

It is the belief of an overwhelming majority of the homœopathic profession, both in this State and out of it, that there was no just warrant for the proposal made, two years or more ago, to wipe out the Homœopathic Medical College and to amalgamate it with the Department of Medicine and Surgery; and that this proposition has directly led to the disagreements which have resulted in all the troubles the college has since experienced. It is further the belief of this majority that such amalgamation is impracticable, not to say distasteful.* It has been shown that the exhibit made in the open letter of Dr. Obetz as to the cost of maintaining the Homœopathic College is misleading. The cost of an educational institution is primarily no absolute criterion of its value or necessity, and if such a calculation is made in dollars and cents, it should be made to show what it has cost to *educate* students, not merely to *graduate* them, since this is its real work.† It is fair to say that the figures you

* A cursory—much more, a careful—reading of our remarks will show that we rather discountenanced any attempt at forcible amalgamation, holding that where and when it became possible, it would naturally and without violence be realized, or, as we expressed it, amalgamation is a process, not an act.

† The difference between “educating” and “graduating” from an educational institution cannot be made clear to the average taxpayer’s mind, and we doubt whether the difference in the figures quoted could be legitimately justified, even if it could be. Why the figures quoted should be “empty of all real significance,” and be “more than misleading,” is not shown.

quote in your editorial are empty of any real significance, and are more than misleading. The profession of the State is not essentially divided in opinion upon the present crisis. Dr. Le-Seure, President of the State Society of Michigan, has the written opinions of over three hundred homœopathic physicians of the State bearing upon the questions at issue. These opinions show that nearly 95 per cent. of the profession are opposed to any form of amalgamation of the Homœopathic Medical College with the Department of Medicine and Surgery, and that over 80 per cent. are in favor of the plan of removing the college to Detroit and establishing it there with a full faculty. This much, at least, for public opinion. I think there is evidence to prove, moreover, that the profession would support either of the two following plans: 1st, to remove the college to Detroit, as indicated; and, if this is not feasible, 2d, to rehabilitate it at Ann Arbor with a competent faculty. Just what will be done by the legislature or the regents cannot now be foretold.

If our friends elsewhere only knew what the warfare we have waged really meant, I am sure they would not be so willing to think of the homœopathic profession of this State as a lot of wrangling, quarrelsome schoolboys.*

HAROLD WILSON, M.D.

DETROIT, MICH., April 5, 1895.

THE REAL SITUATION IN MICHIGAN.

EDITORS HAHNEMANNIAN MONTHLY:

Your editorial, "Amalgamation," in the April number, does me too much honor in naming me as the leader of the homœopathic profession of Michigan, and at the same time fails to

* The importance of the points at issue should only be an additional reason for cultivating harmony and unity within the ranks.

In reviewing, in spirit, the history of the Homœopathic College at Ann Arbor, we cannot see that our presentation of the case was either "unfortunate" or "unfair." We simply urged peace within our own ranks in order to be able to resist the encroachments of the common enemy, and a refraining from violent attempts at amalgamation with them until the "fulness of time should have come," when whatever is to be will be. We did not profess to be competent to judge what course would best subserve the interests of homœopathy in Michigan; we only know that internal dissensions never will.

state exactly my position in the matter now agitating the minds of all parties concerned throughout the State.

It is true that I oppose the bill introduced by Regent Kiefer and Dean Vaughan of the old school, reducing our college to one chair, and practically annihilating homœopathy in the university, as do *all* homœopaths in the State.

I oppose also the *latest* plan proposed by Dr. Obetz, as I would the one you attribute to me, for at least two reasons. 1. I am unwilling to recant any of the principles that I have for so many years been trying to teach and practice, to relinquish what has been gained by nearly fifty years' hard struggling, or to surrender any of the rights and privileges of the practitioners and patrons of homœopathy as taxpayers in the State without something in return. 2. I have believed from the first proposal of it, that amalgamation on a basis fair or just to homœopathy has been and is now an utter impossibility. Homœopaths, out of self respect if nothing more, cannot accept what the old school offers, "so there you are." It is useless to discuss the practicability of amalgamation—it is a condition that confronts us, not a theory.

I am glad to be able to say to your readers that Dr. Obetz's unique method of figuring is limited to himself among Michigan homœopaths. He admitted before the legislative committees recently that he borrowed it from the President of the American Medical Association (Dr. Maclean, of Detroit), and others of his ilk, who were accustomed to use it when figuring to abolish the Homœopathic College of the University of Michigan—possibly he uses it for the same purpose.

I fully appreciate the difficulty that persons outside the State must have in judging of the situation here, past and present. Let me say, however, that you do Michigan homœopaths great injustice when you speak of "the unseemly wrangling within the ranks of the homœopathic profession in Michigan."

Two years ago they were obliged to repel an attack made upon the college ostensibly by the then dean. They fortified the school as best they could at the time, and now are making heroic resistance against the combined assault of foes without as well as within.

In no other State in this Union, so far as I know, has any approach ever been made to the bitter, ruthless, and determined

war waged against homœopathy by the allopathic profession of Michigan. Nearly fifty years ago a bill was introduced into the legislature making it a penal offence to practice homœopathy in Michigan. The mere handful of sturdy, faithful followers of Hahnemann in the State at that time succeeded in defeating it. Eight years later, these and a few later additions to their ranks made their first effort to introduce the teaching of homœopathy into the State University. From this time on the contest waged, finally engaging the national organized bodies of both professions throughout the whole country. Ann Arbor was, in fact, the seat of a national contest between the two schools of medicine. Finally, in 1875, the homœopaths succeeded in getting their college established.

The war continued, but from this time on it was purely a defensive one on the part of the homœopaths. Two years ago the dean of the college brought forward his notorious "scheme." The homœopathic profession asked for his removal—the regents refused. The profession succeeded in getting a proviso into the University appropriation bill passed by the legislature, making it impossible for the regents to abolish the college, and then rested their case.

About two years passed by before the dean's connection with the college was finally severed. Soon after he made a fierce attack upon the regents, whom he had steadily eulogized as long as they stood by him, upon both medical departments, and upon the whole university. A little later he carried his scheme to the legislature.

The regents permitted him to exhaust himself in breaking down the college; after which, one of their number, together with the dean of the old-school department, took it up. The result is a bill before the legislature to reduce the homœopathic college to one chair *in the allopathic department* of the university. Neither of the bills against the homœopathic college have, as yet, been reported out by the committee to which they were referred, and it is hoped they may not be.

When matters reached this point, however, the friends of homœopathy thought it time to again make a sortie, which they are now doing, in an effort to secure legislation placing the college upon a new, independent, and substantial basis. They are trying to emancipate it from the thralldom in which

the allopaths have hitherto held it. They are acting harmoniously, and unitedly, too. They are not antagonizing the ex-dean, or any one else, but are simply reconstructing their school. There are a few "copperheads" in our State, but the profession are not waiting for them; the former can join the suttlers, if they choose, but the army of the profession is marching on with close rank to victory, it is hoped. I am sanguine enough to believe that the college will yet rise, phoenix-like, from its ashes, to a height towering far above that of the past, and henceforth contribute to the "*process*," which, as you say, can only bring about "amalgamation."

D. O. MACLACHLAN, M.D.

ANN ARBOR, April 13, 1895.

AN ARSENICUM CASE.—Dr. Oscar Hansen, of Copenhagen, was consulted by a ship carpenter of 42 years, who had been under his treatment for a liver disease, with icterus, in 1892, which had been cured with arsenicum 3x. Two months after he was called in and found that the patient had been sick for about fourteen days with œdema of the face and dorsa of the feet; the urine was blackish, with a dark green sediment; the stools light colored, thin, and watery, occurring every half hour, without either mucus or blood in them, and being especially troublesome at night, with burning pains in the rectum on passing a stool; the stools were not fetid, appetite slight, great thirst, drinks often and little at a time; the tongue is covered with a brownish coating and slightly dry; dyspnœa; pulse 100; the urine contained biliary pigments otherwise normal; the lungs and heart normal; the præcordium quite distended and dull on percussion; the liver somewhat enlarged; slight ascites; icterus; he has twice been in the West Indies and had the fever of acclimatization. Ars. alb 3x three drops every two hours. In three days there was a great amelioration; the thirst and burning pains in the rectum had disappeared; his passages had decreased in number and were normal in form, but frequently contained shreds of mucus yet they were painless; a sensation of emptiness in the abdomen; cough, with tickling in the larynx; expectoration of a yellowish sputa, and an aggravation from lying upon the left side; no appetite. Phosphor. 5x, in alternation with china ϕ , three drops every four hours. He improved greatly, and continued these remedies for a month, when, on complaining of great weariness in his legs he received chininum arsenicosum, 1 cent., three times a day, a few grains. In a month from then he was entirely well. —*Maaenskrift For Hømsceopathi*, No. 10, 1894. [From the symptoms and the lack of previous history in this case, a diagnosis is hardly to be made; therefore, he giving no title, we have also not given any name to the disease.—Eds.]

NATRUM MURIATICUM IN LUPUS.—Dr. Kunkel, in confirmation of his view that in the treatment of the various morbid phenomena which we call disease we must keep the individual constitution in view, cites the following case in point: A farm laborer of eighteen years consulted him for a lupus of the end of the nose. He also presented eczema of the corners of the mouth, dyspnœa, stitches in the right or left hypochondria on movement, the pulse-rate increased, the heart's impulse augmented in energy, occasional thirst, intense redness in the neighborhood of the lupous region. Natr. mur. x, one dose every week. In two months his general condition was good, his nose had healed, the redness of the tip had decreased. The remedy was ordered to be continued at long intervals.—*Ibid.*

EDITORIAL.

RECIPROCITY IN MEDICAL LICENSURE.

IN spite of the mutual congratulations heard on all sides from the advocates of the various medical examining boards, there is one thing wanting to make it the ideal success that they would have us believe it. So long as each separate State in the Union has its own laws in regard to the qualifications, examination and registration of those desiring to practice within its borders, just so long will the whole measure have about it a trades' union flavor, which all the talk about protecting the public and elevating the standard of medical education is unable to conceal. It falls in line with the exclusion of the Chinese, the foreign contract labor law and such other self-protecting measures, which seek, by legislation, to supplement or even to supplant the laws of nature, and which must, and will, therefore, all eventually come to grief.

The latest absurdity in this direction has broken out in Arkansas, where a bill creating county, instead of State boards of medical examiners, after being vetoed by the governor, was promptly passed over his veto by a vote of 51 to 33.

Coming nearer home, we find that there is no reciprocity in the matter of medical licenses between the State of New York and the Commonwealth of Pennsylvania; that, no matter how well qualified a graduate may have proved himself before our board, he is compelled to submit to a re-examination in New York before being licensed to practice there. The ground for this refusal to acknowledge the value of our license is alleged to be the low standard of the preliminary education required. It is alleged that even from the very modest demands made upon the would-be student there is a departure in the direction of leniency by our colleges, and the requirements as announced are not adhered to. If this be really the case, the sooner it is remedied the better. The desirability of reciprocity can hardly fail to be evident to all, but at the same time it is equally evident that such reciprocity must be based upon a recognition of

the same standard of preliminary education, or of final examination, or of both.

Were we called upon to decide upon the relative utility of preliminary examinations as they should be, and of final examinations as they are, we would unhesitatingly decide in favor of the former. Unless there is a solid foundation upon which to build, there can be no symmetrical superstructure. The study of medicine at the present day cannot be profitably and successfully engaged in except by those who have acquired, not only a certain amount of actual preliminary knowledge, but what is of greater importance, habits of thought and ability to study. We find the average student of the present day only gradually learning to study, to systematize his work, to assimilate his knowledge. Two, sometimes three years, are spent in fruitlessly attempting to make memory act for all the other intellectual faculties, and it is, alas, almost unusual even in the final examination to recognize anything more than a wonderful effort of memory. The student should come to the study of medicine with a mind trained to think, habits of study already formed, and a sufficiency of preliminary knowledge at command to enable him at once to grasp the new facts presented to him in an intelligible and rational manner. The determined way in which they propose to raise the standard of preliminary education in New York, should be imitated by us, and the equivalent of a completed high school course should be established as the minimum requirement at present. The sooner we find the ranks of the profession recruited from college graduates, the sooner will the standard of the profession, both as regards knowledge and social influence, be elevated.

We would therefore call upon our colleges, both east and west, to set the requirements for entrance to their halls high. The truly meritorious will not thereby be deterred from entering. Better work can be done by the instructors, and the finished product of their care will do them more credit.

The question of what should have been studied before entering a medical college, we spoke of some months ago. It should be the subject of most earnest intercollegiate deliberation. Until this shall have been done, and uniformity established among all the colleges, we may hope in vain for reciprocity in medical licensure.

Matriculation requirements in most foreign countries are more exacting than in any of the States at present, and we must raise our standard to theirs before we can reasonably expect our diplomas to be recognized abroad.

STRAWS SHOW WHICH WAY THE WIND BLOWS.

At a meeting of the Cleveland Medical Society, as we learn from the *Western Reserve Medical Journal*, the following resolution was adopted:

Resolved, That the active membership of said Cleveland Medical Society shall be open to any legal practitioner of this city, no distinction being made in regard to the school of medicine to which said legal practitioner may belong.

The resolution was introduced by Dr. X. C. Scott, a member of the judicial council of the American Medical Association, and is therefore peculiarly significant.

This is the first society, we believe, to vote to admit practitioners of all schools, although in New York and elsewhere, societies have abandoned the fetich, *Code*, as a relic of the past, and have preferred to be guided rather by common sense than by worn out precedent. Taken in connection with the subject of amalgamation, touched upon in our last issue, it is instructive as indicating the only way in which there can be an approach to a legitimate amalgamation, viz., on the basis of perfect equality, on the higher plane of medical science, above all sects or schools. It will not be necessary to abandon any of our views, or opinions, but merely to recognize the right of our brother to have views which are as dear to him as are ours to us, trusting to our united efforts to discover as much of the truth as is possible in our present stage of existence. *Non omnes omnia possumus*.

P. S.—We allow the above to stand as our sentiments, although we learned, after they had been written, that at the next meeting of the Society above mentioned the resolution was reconsidered and rescinded.

This fact will

Serve to point a moral,
And adorn the tail of an editorial.

It is a beautiful illustration of the wonderful versatility and variability of the old-school mind, to which we have so often had occasion to refer in connection with their hasty adoption and speedy rejection of every new measure and drug. We still think the resolution and its adoption were significant facts, because although "Ephraim," as a whole, is yet "wedded to his idols," they show that the iconoclast is abroad, and will not "let him alone," but will speedily divorce him forcibly.

PROFESSORS J. NICHOLAS MITCHELL, M.D., AND B. FRANK BETTS, M.D.

WITH the commencement exercises of May 2, 1895, the long and valuable services of these two members of the faculty of the Hahnemann Medical College of Philadelphia will come to an end, and the resignation of their life positions will be a serious loss to the institution. Professor Mitchell possesses the rare blending of all the elements of the true teacher, being a man of pre-eminent ability and master of his branch. As a speaker, his rhetoric is accurate and elegant, and his delivery polished and forceful. He has a magnetism that wins for him the sympathy and affection of his students, and he commands the close and earnest attention of his classes, spurring them on to the successful acquisition of knowledge. The faculty, the alumni, the students, and the friends of the college all regret the necessity that removes from the teaching corps one of its most accomplished and brilliant members.

Coupled with this loss comes the regretful acceptance of the resignation of Professor Betts, who, with the exception of Dean Thomas, is the oldest member, in term of service, of the faculty, and who now, after twenty-two years as a successful teacher, finds the pressure of his private work so great as to imperatively demand the relinquishment of his college labors. In 1873 Professor Betts was called to the chair of physiology, and held the same until 1876. In this year the chair of gynecology was established, and he was requested to take up its responsible duties. He accepted, and ever since has ably filled the position. Dr. Betts and Dr. Mitchell will take with them the good will and best wishes of every member of old Hahnemann.

GLEANINGS.

GENERAL MEDICINE.

CONDUCTED BY

WM. W. VAN BAUN, M.D., AND FRANK H. PRITCHARD, M.D.

THE MEDICAL TREATMENT OF PERITYPHILITIS.—Dr. Millard, at a recent meeting of the Parisian Hospital Society, related the results of purely medical treatment in eleven cases of perityphilitis (from appendicitis), and from these observations he concludes that even with very violent symptoms, as some of his cases evidenced, one is not justified in resorting to surgical measures. As stated, though the symptoms were grave, they rapidly recovered without surgical aid. His treatment consisted essentially in absolute and prolonged rest in bed, mild purgatives, antiseptic rectal injections, opium internally, and a milk diet. During the second period, or that of resolution, he advises the use of mild laxatives, salves locally, and the actual cautery (Paquelin's), together with the regular use of mild laxatives and rectal injections. Ice bags on the abdomen are badly tolerated, and increase discomfort. [A hot water bag or a hot rubber coil we have found best.—Eds.] Opium he regards as the remedy in controlling the vomiting and pain, moderating intestinal contractions, and arresting the course of the peritonitis. The appropriate purgatives are citrate of magnesia in the form of a lemonade, or castor oil in small doses. During convalescence, and for a long time after, he would recommend the use of a laxative, and every two or three days of a simple or borated injection. Belladonna ointment locally he speaks highly of. With these means he claims to be able to control the disease, and to prevent recurrences.—*La Semaine Médicale*, No. 67, 1894.

WHEN MAY A GONORRHOEAL PATIENT MARRY?—Dr. Saalfeld, of Berlin, has attempted to answer this rather difficult question: All foci of infection must be exterminated; no stricture, not even a large-sized one, is permissible. The absence of gonococci must be determined with certainty, for which purpose frequent microscopic examinations and even culture are necessary. Treatment must be continued until a definite proof of the disappearance of the microbes is possible. On the contrary, the physician may permit marriage, even if the "morning drop" and filaments are found in the urine, if these are exclusively of epithelial origin, and there is no admixture of pus cells.—*Medicinische Neuigkeiten*, No. 5, 1895.

INTERMITTENT HYSTERIC MONOPLEGIA.—Dr. Catrin, of Paris, presented before the Medical Society of the Paris Hospitals a young man of twenty-two years who, without neuropathic antecedents, was struck by lightning at the age of twelve years. He then immediately became unconscious, and on returning to consciousness he found that he was paralyzed on the whole left side, and was also aphasic. From this time on he has been subject to attacks of unconsciousness. His speech returned two months after the first stroke, the paralysis of the lower limb disappeared at the same time, but that of the arm did not yield until four years later; besides, the latter he has always remained weak, and from fatigue his arm at times becomes entirely helpless. At present there is a paresis of the right arm, with muscular atrophy, anesthesia and thermalgesia. At the same time there are pronounced vaso-motor disturbances, as coldness and cyanosis of the forearm and hand. There is, as well, a slight narrowing of the visual field. These signs permit one to diagnose a hysteric paralysis caused by lightning. Its liability to recur is quite remarkable.—*La Semaine Médicale*, No. 10, 1895.

RELATION OF BASEDOW'S DISEASE TO DISEASES OF THE FEMALE SEXUAL ORGANS.—Dr. Theilhaber, from a study of this subject, both in his own observation and the literature, comes to the following conclusions:

1. Basedow's disease may be caused by pregnancy, or, if already existing, it may be aggravated.

2. On the contrary, pregnancy may have a favorable influence.

3. It may also be produced by puerperium or lactation.

4. On the contrary, the lying-in period may have a favorable action.

5. Atrophy of the genitals is frequently noted in this affection.

6. This atrophy does not always prevent conception.

7. This atrophic change is not the cause but the result of the disease.

8. It is dependent upon vaso-motor influences and not upon anæmia nor cachexia. The appearance of uterine atrophy is by no means a sign that the case is grave, for it accompanies both slight and severe forms. Its appearance is not fixed by any rule.

9. A complete restoration to the normal of this atrophic process is possible.

10. Genital affections outside of the puerperium and pregnancy rarely play an important part. Here and there a gynæcological affection may, by severe hæmorrhages, so weaken a subject that she is thereby predisposed to Basedow's disease. As a rule, special gynæcological treatment is unnecessary, for the uterine atrophy disappears with improvement of the primary disease.—*Muenchener Medizinische Wochenschrift*, No. 7, 1895.

COMPLETE BLINDNESS FROM A TAPE-WORM REMEDY.—Dr. Grosz presented a patient before the Buda-Pest Medical Society who, with a previous slight defect of vision in one eye, for a fancied tape-worm, treated himself with thirty-two capsules containing each eight grammes of extract of male fern, an extract of pomegranate root, at half-hour intervals, preceding this with a dose of castor oil. The same day he felt ill, became unconscious with diarrhœa, and in two days he was totally blind. Four days later, besides complete blindness, the pupils were found dilated to their greatest extent, and the fundus of the eye normal. This was soon followed by a decoloration of the papillæ, while since then a progressive atrophy of the optic nerves has steadily developed. In earlier years, when three and a half grammes was not exceeded as a total dose, no cases of poisoning were reported. Poulson has recorded thirteen poisonings, of which three were fatal. He regards the amorphous form of filicic acid as poisonous, and not the crystallized. The different action of the preparation, according as it is fresh or old, renders it explicable that the toxic dose ranges between four and forty-five grammes. Especially dangerous as animal experiments have demonstrated to administer the extract of male fern with castor oil, in which the poisonous filicic acid is easily dissolved. The mydriasis and amaurosis is held to be peripheral and comparable with that following quinine and hæmorrhages.—*Wiener Medizinische Presse*, No. 7, 1895.

DROPSY IN RENAL AFFECTIONS.—Professor Senator states the dropsy of renal affections to be a precocious symptom, for it is frequently the first sign that leads one to suspect such a disease. Its second characteristic is its tendency to become rapidly generalized and to invade the great visceral cavities. These patients are strikingly pale. Dropsy may exist before albuminuria, therefore the former is not dependent upon the latter. The other renal diseases associated with anasarca are: 1, nephritis from scarlatina; 2, nephritis from cold; 3, nephritis of malarial origin, and 4, the nephritis of pregnancy. The other varieties of nephritis are rarely followed by dropsical phenomena; or, if present, it is but slight. Now those forms where it is striking the glomerulus is especially altered, while in the others the canaliculi are primarily affected.—*La Semaine Medicale*, No. 10, 1895.

SIMULATED ULCERATIONS. Dr Felix Semon reports an interesting case of a young lady who was affected with a peculiar and circumscribed ulceration of the pharynx, which had persisted for four years and had resisted every variety of treatment. The posterior pharynx was partly red and swollen, and partly ulcerated, and covered with whitish, yellow and brownish crusts. The distinct circumscription of the affected areas was striking, and all those regions inaccessible to the patient were perfectly normal. The whole picture corresponded to one following cauterization with nitric acid or the nitrate of silver. She denied having produced the ulcers, though her mother stated that she had before inflicted burns with a caustic upon her breasts and face to excite sympathy. A similar case has been recorded where a young woman cauterized a slight fissure of the lip so long that intense argyria followed.—*Therapeutische Wochenschrift*, No. 6, 1895.

PREMONITORY HÆMOPTYSIS IN AORTIC ANEURISM.—Dr. Hampelin calls attention to a symptom which he has found quite frequently in aortic aneurism, but which is very little mentioned in the text-books. It consists in single or repeated attacks of hæmoptysis which appear at a longer or a shorter time before the eventual fatal rupture of the aneurism. They are due to small erosions of the bronchial walls which are later occluded by thrombi. About a year ago the writer published a similar case, and he has succeeded in finding two in the literature. He has recently observed another where the hæmoptysis simulated one of tuberculosis. Examination of the sputa revealed no bacilli. At the same time the patient presented a left-sided hæmothorax. Aortic aneurism was diagnosed and confirmed by the later course and the necropsy. —*Hospitals-Tidende*, No. 4, 1895.

DETACHMENT OF THE RETINA IN CONTRACTED KIDNEY.—Dr. West communicates two cases of detachment of the retina where the patients complained of headache, vomiting and weakness of vision. In the first, a woman of twenty-two years, there were also purpura and hæmorrhage into the orbit. The rapid course of the disease was remarkable. Cases of retinal detachment with contracted kidney are very rare, for from his very long and varied experience he has observed but two. It is stated to be a very unfavorable symptom prognostically. In patients with this form of renal disease under thirty years the outlook is very gloomy. Hæmorrhages from the bladder, intestine, etc., also are observed to complicate. —*Therapeutische Wochenschrift*, No. 6, 1895.

THE PROGNOSIS OF NEURASTHENIA.—Prof. L. Mesnard, in a lecture on this disease, states that though the forms, ætiology, and complications affect but little the clinical plan of the disease, the prognosis is decidedly modified by them. One may safely say that all cases of neurasthenia, if placed in good hygienic condition, ought to recover, but, however, more or less slowly. That form of the disease which has lasted for some time is very obstinate. When it is the result of simple overwork, either mentally or physically, the outlook is less serious than when it is dependent upon an emotional cause or is accompanied by local lesions. Certain symptoms, by becoming preponderating, aggravate the situation. The gastric disorders finally terminate in local lesions, which alter the general nutrition, and thus by a vicious circle facilitate nervous exhaustion. Genital disturbances, especially in man, darken the prognosis, whatever theoretical ideas may prevail on this subject. Lesion, either of the uterus or its appendages, not only increase the hypochondriacal preoccupation of the patients, but in themselves prolong and aggravate the outlook. Heredity is also an unfavorable factor, above all when there is no accidental cause, as overwork. Traumatic neurasthenia, especially if associated with hysteria, forms a very grave variety. In males, the outlook is still worse. If such symptoms as vertigo, palpitation of the heart, and insomnia predominate and rapidly improve, the prognosis is favorable, however anxious the patient.

Neurasthenia sometimes progresses to melancholia; repeated pregnancies and lactation are especially prone to lead to this termination. Beware of stimulants, as alcohol and morphine, in these cases, for these patients easily and insensibly become confirmed habitues. As to heredity, severe neurasthenia may be followed in the next generations by all nervous diseases of this class. —*Annales de la Polyclinique de Bordeaux*, No. 24, 1895.

CEREBRAL ANOREXIA.—Dr. O. Soltmann has observed a singular case of this central disturbance of nutrition. A twelve-year old school-boy, who was anæmic, neuropathic, and with an unfavorable heredity, began, in consequence of a depressing emotion, to refuse food beyond enough to merely sustain life. No organic disturbances were to be discovered and no dyspepsia. He had neither disgust nor repugnance for food, and no signs of a hysteric base could be made out. After different remedies had been tried to force the child, who was greatly emaciated, to eat, he attempted forced feeding with the stomach-tube. The result was that the patient absolutely refused to eat voluntarily and nearly starved. The faradic current was applied to the cranium in order to stimulate the cerebral centres by an increased blood flow. One electrode was applied to the nape of the neck, the other to the vertex and temples, or diagonally across the region between the ears. The result was all that could be wished, for he commenced to eat again, and after a few relapses was cured.

This form of anorexia has been described by English and French physicians as

anorexia nervosa, gravis or mentalis. In its further course it may progress to nearly complete rejection of food, with consequential extreme inanition or even death. The cause of this is in the cortical cerebral centres themselves, which are probably situated upon the lower basal surface (Ferrier). Under the influence of strong and depressing emotions, or mental overexertion, for example, in anæmic and ambitious school children, the appetite may suffer, probably from a faulty blood supply to the cerebral centres controlling the appetite.—*Jahrbuecher Fuer Kinderheilkunde*, xxxviii., S. I.

GENERAL SURGERY.

CONDUCTED BY

WM. B. VAN LENNEP, A.M., M.D. AND H. L. NORTHPROP, M.D.

TREATMENT OF HÆMORRHOIDS BY INTERSTITIAL INJECTIONS OF CARBOLIC ACID AND GLYCERINE. — Max Schaechter warmly recommends interstitial injections of carbolic acid and glycerine in the treatment of hæmorrhoids. He reports forty-one cases, including both old and young individuals, the majority of whom were males. From four to eight drops of a mixture of equal parts of carbolic acid and glycerine are injected, according to the size of the hæmorrhoid. A clean hypodermic syringe is a requisite. None of the mixture should be allowed to exude on the outside of the needle as it will give rise to local necrosis around the point of puncture. The needle should be wiped carefully off before injecting, and any of the fluid which might ooze out after the injection should be wiped away with a tuft of cotton. Only one to two hæmorrhoidal nodes are to be injected at a time, and, if there are several inject first the largest. The typical course is, that the hæmorrhoid injected becomes firmer, then shrivels, and a mere fold of mucous membrane remains to mark its site. The carbolic acid undoubtedly coagulates the contents of the node, which is followed by shrinkage and absorption of the clot. No new hæmorrhoids appear to take the place of the former ones, and frequently the neighboring ones are also favorably affected. He regards his procedure as simple, easy, and reliable.—*Gyogyaszat*.

Gabriel Papp has tried this method a number of times, according to the recommendations of the above writer, not only in the acute but also in chronic cases. He found the insertion of the needle but slightly painful, but on injecting the fluid the patients would frequently complain of great pain. It soon ceased, and walking, pressure of the abdomen and the sphincter, caused no pain. The hæmorrhoid would soon become larger, and have a hard and irregular surface. For two weeks there would be no change after which they would soften, and, in a few weeks, only a little fold remained. This is the course in a majority of cases, yet complications have been noticed—as superficial gangrene of the mucous membrane, and hæmorrhage. Therefore, he recommends this measure in chronic or even in acutely-inflamed hæmorrhoids, if they are not too large, and no complications are present. It will cause both hæmorrhage and pain to cease at once, and lead to complete cure.—*Sebeszet*.

A FIBRO-SARCOMA OF THE BREAST WITH A LARGE NUMBER OF RECURRENCES AND DEATH AFTER A FREE INTERVAL OF FOUR YEARS.—Hoffmann reports the case of a woman of 44 years, whose breast was removed for a fibro-sarcoma of the size of two fists; in 3 years it recurred 12 times, mostly in the old cicatrix or in the immediate vicinity of the wound, each recurrence being quickly operated on. These nodes presented the character of spindle-celled sarcomata. The twelfth operation was followed by a free interval of 4 years, when metastases in the brain, abdominal walls, abdomen, extremities, etc. led to a rapid death.—*Centralblatt für Chirurgie*, No. 52, 1894.

SUPPURATION ACCOMPANYING SUBCUTANEOUS FRACTURES.—Krecke (Munich) calls attention to this rare complication of uncomplicated fractures. Whenever it occurs, one should seek for the place of entrance of pathogenic micro-organisms. In a case of suppuration, in Billroth's clinic, which complicated a fracture of the patella, the patient had, before the fracture, a felon on his finger, and

pyrogenic micrococci were discovered in the blood. Steinthal reports two cases, where he assumed a simultaneous diarrhœa to have been the cause. In the case recorded by the writer, a child of four and a half years received a fracture at the junction of the middle and lower thirds of the femur during attempts at forced rotation during an operation for resection of the hip-joint. The coxitis was tuberculous, and had developed with high fever and formation of an abscess. After the operation, there was high fever, in spite of the resection wound appearing normal. Suppuration was made out around the seat of fracture. Incision and drainage were followed by union. This fortunate result was not obtained in two cases reported by Bruns, which died of pyæmia. — *Münchener Medicinische Wochenschrift*.

A POINT IN OPERATING ON HÆMORRHOIDS.—M. Trinkler (Charkoff, Russia) after operations for hæmorrhoids, advises making an incision posteriorly through the sphincter, as thus, one may avoid the usual violent after-pains which are due to contractions of that muscle around the tampon, while the gases are also allowed freer escape. Forcible dilatation, he admits will give the same results, but it is more prone to be followed by small fissures, which will be more troublesome than the hæmorrhoids themselves. The incision is made through the mucous membrane and skin, by commencing above the sphincter and cutting more deeply as the incision is prolonged downwards. Such a wound will heal in nine to ten days, and not be followed by incontinence of feces. He has also employed it with excision of the mucous membrane in treating prolapse of the rectum. It gives the rectum rest, and allows the turgid and hypertrophic mucous membrane opportunity to undergo involution. — *Centralblatt fuer Chirurgie*. [Pratt practiced and discarded this plan. — Eds.]

PURPURA HÆMORRHAGICA FROM INFECTION OF A WOUND.—Arnstein and Troczewski report the case of a man of thirty-nine years who previously had been in the best of health, but who had received a lacerated wound from falling upon a rusty nail, which penetrated through the entire foot, between the fourth and fifth metatarsal bones. A phlegmonous inflammation of the foot followed, for which he entered the hospital fourteen days later. Then, besides the local phlegmonous process in the foot, his whole body was found to be covered with numerous petechiæ of the size of a lentil to that of a bean. His gums were somewhat swollen, and bled easily upon contact. He also suffered from epistaxis, which was controlled with difficulty, and which reappeared several times. Later, hæmorrhages took place from the stomach, intestines, and urinary passages. Though there was free drainage, his fever remained high, and he finally died, with signs of increasing weakness, on the twenty-sixth day of the disease. The case is of interest on account of its being complicated with purpura. — *Gazeta Lekarska*.

[We have met with a similar purpura following excision of an aneurysmal varix of the orbit and scalp, after preliminary ligation of the carotid. There was no sepsis, and complete recovery resulted. — W. B. V. L.]

A PECULIAR CASE OF PYÆMIA.—M. K. Werbitzki observed the case of a patient of nineteen years, who, upon arising from his bed, was seized with a pain in the hip-joint. That evening he had a slight chill, with fever and sweating. During the further course of the disease, the elbow, shoulder, and wrist swelled, while his urine contained albumin, and he presented slight pulmonary symptoms. The necropsy revealed purulent foci in the different organs, but the prostate gland was discovered to be of the size of a hen's egg, here and there of a firm consistence, and filled with numerous small foci. As the patient had suffered before his final sickness with a vesical catarrh, it was assumed, with seeming propriety, to have been a case of pyæmia, originating in the abscess of the prostate gland. — *Centralblatt fuer Chirurgie*.

ACCIDENTS OF LA METHODE SCLÉROGÈNE.—Jeannel (Toulouse, France), had under treatment a girl of six years, with a tuberculous fungus of the right knee-joint, which he attempted to treat by injecting around the articulation, in different places, from two to eight drops of a ten per cent. solution of the chloride of zinc. A tumor rapidly developed, which was thought to be an abscess, and was incised, with rapid death of the patient as a consequence, for it was an aneurism of the femoral artery. Apparently the needle of the syringe had impinged upon the artery, and the caustic solution had led to partial erosion of the vessel, and a resultant aneurism. — *Archives Provinciales de Chirurgie*.

MONTHLY RETROSPECT

OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY

CLARENCE BARTLETT, M.D.,
FRANK H. PRITCHARD, M.D., AND F. MORTIMER LAWRENCE, M.D.

GNAPHALIUM POLYCEPHALUM—Dr. Cartier, of Paris, states this remedy to have an action upon the cerebro-spinal system in that it produces neuralgic pains of the face and lower extremities. Its principal characteristic symptom is a vivid pain along the sciatic nerve, occasionally associated with a sense of weakness which renders walking very fatiguing. This symptom led the homœopaths to try it in sciatica; then it was later employed in certain cases of dysmenorrhœa and in a certain variety of rheumatic pains in the great toe. At the Hôpital St. Jacques, in Paris, it is frequently used with success in non-inflammatory rheumatic pains. A young nurseryman, who had suffered from rheumatic pains and stiffness of all his joints, noticed a considerable amelioration after taking, for two months, this remedy in the mother tincture, ten drops a week. A young man, who was attacked with acute articular rheumatism, suddenly saw his joint involvement disappear while the disease attacked the pleura; this was followed by a neuralgia which flew about from one portion of the body to the other; gnaphalium soon controlled this.—*Revue Homœopathique Belge*, No. 6, 1894.

AURUM IN RETROFLEXION OF THE UTERUS.—Dr. Schier, of Mayence, Germany, was consulted by a lady of fifty-six years, who, for the past ten years, had complained of increasing sensation of drawing and pressure in the hypogastric region, obstinate constipation, palpitation of the heart, with a sensation of anxiety and fulness in the chest, rush of blood to the head with throbbing pains in the temples, especially in the evening. Her urine was somewhat turbid, of a milky color, and deposited a light colored, mucous sediment. At the slightest exertion the pains in the sacrum and back would set in. She also suffered from pyrosis, with loss of appetite; her menses had not appeared for six years; previously she had always been regular, and they were rather too profuse. Internal examination revealed the uterus retroflexed and prolapsed. On account of his having obtained good results in similar cases, he prescribed aurum metal. 4x, one dose a day, with nux vom. 4x twice a day. Sitz baths, massage of the abdomen and a proper supporting abdominal bandage were also advised. In three weeks she had decidedly improved; the subjective symptoms had nearly disappeared; her stool had improved, though the uterus itself was unaltered, a proof that purely mechanical influences are not the only ones at work in such cases. The measures were continued and in a short time she was restored to health. A relapse, after a year, was controlled with the same treatment. He thinks aurum to have a relaxing influence upon the muscles, fasciæ, ligaments and serous membranes of the abdomen, as the provings and clinical records demonstrate.—*Leipziger Populäre Zeitschrift fuer Homœopathie*, Nos. 23 and 24, 1894.

PRACTICAL NOTES FROM THE HOMŒOPATHIC POLYCLINIC AT TURIN, ITALY.—Dr. G. Bonino, of Turin, Italy, presents the following interesting items:

Ailanthus glandulosa yielded wonderful, as well as prompt results, in two desperate cases of thrush in new-born infants.

Argentum nitricum, internally and externally, in kerato-conjunctivitis, with hypopion and threatening rupture of the cornea, gave good results after hepar s.c. failed.

Arsenicum iodatum 6x was of value in general and local pruritus, especially that of the menopause.

Baryta muriatica 6x was given with success in dyspepsia and œsophageal stenosis following poisoning by sulphuric acid.

Belladonna cured aphonia with stammering from paresis of the vocal cords.

Cactus grandiflorus was of value in angina pectoris from the slightest exertion, with arrhythmia, sense of constriction of the heart and lying on the left side impossible.

Calcarea fluorica healed an osteomyelitis of the two metatarsal bones of the left hand in a scrofulous child in open and fistulous ulcers of the lower third of the left thigh after tuberculous abscess.

China generally succeeded in phlyctenular erysipelas of the face and pericranium with grave typhoid symptoms, as involuntary diarrhœa, meteorism, delirium, profuse epistaxis. At long intervals a dose of rhus was intercalated, without, however, the influence of china being weakened.

Conium maculatum cured prolapse of the vagina with cystocele and associated vesical tenesmus in a woman advanced in years.

Croton tiglium brought about healing in diffuse eczema of the entire face with copious secretion and burning sensations during the night.

Guaræa was employed to quiet the persistent pains of the eyeball and surrounding parts before vision was entirely destroyed by complete leucoma.

Iris versicolor was successful in dysmenorrhœa preceded and followed by intense headache, as hemicrania with acid vomiting.

Kali bichromicum was given with satisfaction in chronic bronchial catarrh with profuse expectoration of a bitter and tenacious mucus which may be drawn out into threads; piercing pains in the sides of the thorax.

Kali hydriodicum 6, 30, 200, cured a case with aortic souffle, sweats on the left side of the body, parietic weakness of the left arm, the voice extinguished by the slightest effort to sing (aortic aneurism?).

Mercurius corrosivus healed phagedenic ulcers extending over nearly the whole penis.

Natrum muriaticum cured in intermittent fever coming on at irregular intervals and resisting quinine. The seizure came on at three o'clock in the afternoon, passed through its three stages with thirst; dyspepsia with gastro-intestinal meteorism.

Nitric acid, 3, is recommended internally and externally in numerous corneal opacities, the consequence of progressive scrofulous keratitis.

Rhus radicans, 6, relieved general urticaria with tormenting itching during the night, nearly exclusively; also in synovitis of the left knee, with pain felt chiefly on first moving about, in the morning.

Silica, 31, in several cases of lachrymal fistula.

Strychninum sulphuricum, 6x, 3x, was used satisfactorily in paresis with coldness of the lower extremities and pain in the lumbar region.

Sulphur in the evening and *pulsatilla* in the morning cured several cases of amenorrhœa of chlorotic origin.—*L'Omniopatia in Italia*, fasc. xxi.

THERAPEUTIC ACTION OF THE COMMON CRESS—*LEPIDIUM BOHAIRIENSE*—Dr. Casimir La Rotta, of Bogota, finds that this plant affects the left side more decidedly than the right, producing hemicrania, hemiplegia (?), palpitation of the heart, pains in the left hypochondrium and the spleen. It resembles *natrum muriaticum*.

Its characteristic symptoms are nervous affections with insomnia from midnight on, with heat and dull pain in the left side; in headache when it is situated on the left side and the upper portion of the forehead (ignatia and sanguinaria). Burning pain in the chest, which, in some cases, may pass on to pneumonia, and is accompanied by dyspnoea, which is alleviated by the dorsal position; gastralgia, with vomiting, which generally relieves; painful diarrhœa with tenesmus, and which is persistent; hiccough, which is aggravated by the least pressure; intense pain in the left hypochondrium with a sensation of intense griping pain, which is aggravated by exercise.

This drug is also efficacious in suppressed menstruation, which is accompanied by sadness, restlessness and an inclination to tears. In these cases it operates similarly to ignatia and aranea diadema. Drawing pains in the teeth of the left side of the jaw; it also affects the ear of the same side, producing paleness of the auricles. It has been employed with success in dartrous scaly eruptions originating in scrofulosis.

In hæmorrhoidal dysentery and uterine hæmorrhages it has given him *surprising results* (italics his), especially when the patients complain of a painful sensation in the rectum as though a foreign body were there (apis, capsicum, æsculus, nux vom.) It is also useful in whooping-cough where it is aggravated by a sudden transition of temperature, as with dulcamara.

This remedy, which is indigeneous to the United States of Colombia, S A, he has employed both internally and externally in wounds exfoliation of skin, dislocations, hæmorrhoids, under the same conditions as arnica and calendula are usually prescribed, as well as in intermittent fevers, either quotidian or tertian, when dependent upon paludism, with the same indications as acasia flexuosa.

Complementaries: Schleria hirtella.

Analogues: Phytolacca, arsenic, aralia, aloes, naja, pulsatilla, trillium.

The tincture is employed in hæmorrhoids; in other conditions the 6x, 12x — *La Homeopatia*, Ano iv., entrega 41.

A CONIUM CASE.—Dr. Berlin was consulted by a laborer of fifty years who, previously in good health and with nothing worthy of notice in his recent history, was suddenly seized while working in the field with a sensation of great weakness and paralysis of the whole body, so that he fell to the ground. The weakness seemed to begin in the legs and go upwards into the upper portion of the body; at the same time he was unable to see, and he experienced a violent vertigo. He was immediately raised up by his companions, yet, on account of the weakness and vertigo, he found it impossible to walk. He was carried home and put to bed, where he was seized with nausea and vomited for several hours. That night he slept fairly well. The following day, though the weakness had disappeared and he felt passably well while lying in bed as soon as he attempted to get up, or even to turn in bed, the vertigo would reappear; it was unbearable if he were assisted to stand. It was less pronounced on sitting straight up and still. Turning the head up or to one side would increase it. Unassisted he could not walk at all; no pains, appetite bad, though his bowels were normal. Four days after the first appearance of his affection he received conium maculatum, 3c, five drops three times a day. Twenty-four hours after he was able to walk unaided, and in four days he resumed his work. Conium, as is known, has a special affinity for the nerves of motion, which it paralyzes. It has been found especially serviceable in the conditions of weakness and exhaustion of old age, or such as are observed after long and severe diseases, as typhoid fever. It has been called "the panacea of old men." The characteristic vertigo is dependent upon a cerebral anæmia. It is aggravated even from turning in bed; sitting up or walking renders it very violent; bending down ameliorates, and, in general, the lower the patient's head the better he feels. — *Leipziger Populære Zeitschrift fuer Homœopathie*, Nos. 3 and 4, 1895.

FROST BITES.—Causticum is said to be an efficient remedy in the results of congelation, for freezing and burning are quite identical. Compresses wet with diluted causticum or a salve consisting of one ounce of vaseline and ten drops of causticum may be applied locally. — *Ibidem*.

HAMAMELIS IN THROMBOSIS OF THE SAPHENOUS VEIN.—Dr. Waszily was called to a man of fifty-six years, who while being treated for a rectal fistula was seized with pneumonia, which ran an uneventful course, except that it was followed by a thrombosis of the saphenous vein (left); the whole limb from the groin to the foot was greatly swollen and hard, twelve centimeters larger in circumference than the opposite one; a hard and thick cord-like vein could be felt along the inner side of the leg up to the abdomen, which was very sensitive to pressure. Active movements were impossible. Lungs nearly normal. Ext. hamamelis, three to four drops every three hours in a teaspoonful of water; hamamelis locally on compresses. In two days the swelling had decreased and become softer. Improvement continued for two weeks, when symptoms of a grave pulmonary infarct suddenly developed. Phosph. soon controlled this, and the former drug was continued. The improvement continued for three months, it only being interrupted by a second and less severe infarct five days after the appearance of the first. At the end of this time he was restored to health. — *Allgemeine Homœopathische Zeitung*, Nos. 1 and 2, 1895.

ACONITE IN NON-FEBRILE DISEASES.—Dr. Moeser calls our attention to the value of this plant in a number of conditions unaccompanied by febrile pheno-

mena. For example, in palpitation of the heart after emotions, especially after fright or anger, it will be found an excellent sedative. Here it is especially applicable to very irritable and plethoric subjects of a dark complexion, in whom every mental or bodily excitement gives rise to congestion which may possibly pass over to apoplexy or pulmonary congestion. Therefore, it is to be regarded as a prophylactic in apoplexy, where it has been warmly recommended. Hence, that it will be found suitable in hæmorrhages, as for example from the nose as consequences of excited heart action, and above all, from fright or anger. It should not be forgotten in suppression of the menses or threatened abortion from these same emotional causes. In very profuse and painful periods, in plethoric women who lead a sedentary life and who present other disturbances in the arterial system, aconite should not be forgotten. Although aconite will be found not to be thought of frequently in digestive disturbances, yet it may be valuable in attacks of colic with painful distension of the abdomen, borborygmi, sensitiveness of the abdominal walls to pressure; diarrhœa with tenesmus, white clay-like stools or small and numerous stools with cold and clammy extremities, with stitching pains in the region of the liver and an icteric tint of the skin. In retention of urine and painful vesical tenesmus we should also think of it. In trigeminal neuralgia it has been found useful, either preparations of the tincture or of the alkaloid. This latter should not be administered under the sixth decimal, for it may give rise to poisoning; children tolerate it better than adults. Certain forms of toothache as well as neuralgic pains in the brachial plexus are also under the control of aconite. After the heart this drug exercises a great sedative influence upon the nervous system, and he has found it a serviceable remedy in some forms of neurasthenia. Certain psychoses also fall within the sphere of its action. In neurasthenia the following symptoms are characteristic: Great restlessness, sleeplessness, decrease in the sensation of touch, a feeling of numbness, pricking, formication and tension with one of heat, in the face, lips, the extremities, shooting pains in the latter, the joints, head, eyeballs, and occasionally associated with a sensation as if a certain portion of the body were growing larger; a vertigo like that of alcoholic intoxication; trembling, muscular weakness, which may be so aggravated that the patient is unable to arise or stand. Roaring in the ears, photophobia, rigidity of the pupils, sensitiveness to noises, even to music, agoraphobia, weakness of memory, alternating states of mind. This latter symptom is especially characteristic of hysteria. These aconite patients sometimes imagine that a portion of the body is abnormal, *i.e.*, that a limb is attached at a wrong place, that their lips are too thick, their faces distorted, that their thoughts arise in their stomachs, etc. Their fear of death is characteristic; they will foretell the day of their death, imagine that they are to die on a certain day, at a certain hour, etc. These conditions are especially prone to appear during pregnancy or childbed. The following is a striking example from Dr. Groa: A woman of twenty and the mother of a child, in her second pregnancy was possessed by the idea that in her coming confinement she would die, but without any definite reason. At the full term she was delivered of twins, which left her much exhausted. Then there appeared several symptoms of nervous origin which apparently were derived from her fixed idea. On the evening of the ninth day of her confinement towards evening she was seized with a violent congestion of the lungs accompanied by a sensation of choking; her pulse was intermittent and her body covered with a clammy and cold sweat. She bade her friends good-bye, spoke deliriously of her approaching death, and lay quiet, only expressing by her gestures great anxiety. Aconite, 30, was administered, and in two hours all these symptoms yielded to her normal mental condition.—*Homœopathische Monatsblätter*, No. 1, 1895.

A FEW CHARACTERISTICS OF CINA.—Cina is a drug which abounds in objective symptoms; the cheeks are red, the upper lip and lineæ nasalis bluish white; picking of the nose, the capricious humor, and the fact that the child must be carried to put it to sleep, speak more forcibly than answers to questions.—*Rivista Omiopatia*, Anno xl., Numero 3.

COMPARISON OF SOME NERVOUS REMEDIES.—Argentum nitricum in its nervous symptoms occupies a middle ground between aurum and zincum; both have pain in the back, ameliorated by walking, and aggravated by sitting; but only argentum nitricum has pain on arising from sitting. Both present nervous tremor, but the distinguishing feature of zincum lies in its characteristic mental symptoms. The mental characteristics of aurum are possessed by no other remedy.—*Ibidem*.

A FEW HINTS IN APOPLEXY.—In the beginning, if the pulse be hard and there be pronounced bodily heat, aconite is of service; lachesis, on the contrary, when the pulse is weak and rapid will be useful, while opium, the usual remedy of both schools, is actually indicated by a full and slow pulse.—*Ibidem*.

RHUS VENENATA IN ERYTHEMA NODOSUM.—Dr. Oscar Hansen, of Copenhagen, was consulted by a woman of forty-two years, who, for eighteen years, for nine months out of the twelve, summer only being free, was afflicted with an erythema nodosum. The nodes were of the size of hazel nuts, of a darkish blue appearance, with violent shooting pains in her limbs. They were noticed on both the hands, arms, and legs, and were hard and but little sensitive to pressure. The general condition was good. While lying down she must frequently change the position of her arms and legs on account of the pains; amelioration by continued motion, and an aggravation when she arises from a seat and begins to walk. Menses normal. Rhus venenata 3x, five drops three times a day. In the course of eight days the pains had vanished, the restlessness had disappeared, and in fourteen days the nodes had diminished in size and taken on a yellowish appearance. The drug was continued for fourteen days longer, then it was discontinued for seven days. Soon after that she was free from her disease.—*Mannedskrift foehr Homoeopathi*, No. 1, 1895.

TREATMENT OF CONTRACTED KIDNEY.—Dr. Donner, in the beginning of the disease, as soon as a diagnosis is possible, advises beginning with ferrum phosphoricum and belladonna, in alternation, on account of their anti-irritative and anti-inflammatory action; and again he has frequently seen not only the albumin, which is variable, but also the casts and epithelium disappear under their influence. The following remedies are also indicated in the first stages:

Squilla Maritima.—Frequent and severe tenesmus vesicae, with profuse evacuation of watery urine.

Nitric Acid.—Frequent and profuse urination, immoderate quantities passed.

Iodium and *Kali Hydriodicum*.—Frequent desire to pass urine, with discharge of profuse; emaciation, dry skin, hypertrophy of the heart.

Ammonium Benzoicum.—Benzoicum, apocynum, and androsemifolium, and erigeron canadense, are also recommended, but he has had no experience with them. The choice of the remedy will be made from pronounced secondary symptoms. Other remedies, which correspond to contracted kidney, and with which I have had very satisfactory results, are:

Apocynum Cannabinum.—At first, very profuse passage of urine, of a pale color, consisting of several quarts daily without sediment; then, as secondary symptoms, the urine is very much diminished, with dyspnœa, and a torpid condition of the kidneys. One may begin with medium potencies, and gradually go down to the tincture.

Asclepias Syriaca.—Great increase in the quantity of urine; pale urine, of low specific gravity, alternating much and little urine with headache, vertigo, and dyspnœa. It is best used in the tincture. *Asclepias tuberosa* is an analogue.

Helonias Dioica has cured several cases of reported interstitial nephritis, yet, it would seem to be indicated in the parenchymatous variety, for it has, amongst other symptoms, "much albumin."

Coccus Cacti.—More indicated in the stage of decreased urine; dark urine; scanty, with a pronounced sediment; it increases, as a diuretic, the amount of urine, and removes dropsical accumulations, if they are not too far advanced. The second or first potencies. Similarly acting remedies are: *Apocynum cannabinum*, *asclepias syriaca*, *chimaphila umbellata*, *helleborus*, *prunus spinosa*, *squilla*, and *terebinthina*. This latter remedy is more especially indicated when there is a gouty kidney in question. It must be administered with care, in low preparations. In gouty kidney, together with *terebinthina*, there are, as analogues, *urtica urens*, *plumbum oxalatum*, *natrum phosphoricum*, and *natrum sulphuricum*. The best simile of interstitial nephritis is presented by *plumbum*, for contracted kidney is most frequently observed in lead-workers; but, though he has sometimes obtained decided improvement with it, he has never succeeded in bringing about a recovery (with from the 10x-30x). The iodide of lead, as recommended by Puhlmann, has yielded him no results.

Phosphorus, though more properly of value in the parenchymatous form is also of service here and, above all, in the terminal stage where it will prolong life and control the pulmonary complications. Here, this remedy will exhibit results that would even convince an allopath.

Lycopodium, has always disappointed him in this disease.

In the uræmic attacks, he employs belladonna; but more frequently, cannabis indica in low potencies, and glonoin.

As to hydropathic measures washing with lukewarm water, warm baths, hot-air baths, steam baths in beds, are sometimes applicable, though in many cases kidney-patients do not tolerate these water measures. In no disease can such mischief be done as with these very means; uræmic attacks, and a sudden death may be brought about thereby.

The diet should be easily digestible and nutritious, with especial regard for individual conditions and the capriciousness of these subjects, for they will often do well without the use of milk. This latter is frequently badly borne, and is best dispensed with. Coffee, tea, and alcoholic beverages are not to be forbidden entirely; excess only injures. A good glass of wine will help these patients, who are often greatly reduced. The patient should not be told too often of the fatal termination of his disease, for depressing emotions have an unfavorable influence. — *Homœopathische Monatsblätter*, No. 2, 1895.

GRAPHITES AND CALCAREA CARBONICA IN AMENORRHŒA.—Dr. Goullon recently treated successfully a case of amenorrhœa, in a young lady of 20 years, with graphites 3c, 3 grains per diem, with the best results. This same remedy, in the twelfth decimal trituration, had already failed. This preparation has most always restored the periods, even in amenorrhœa, in married women. If the affection is complicated by constipation, even if such other symptoms as cutaneous eruptions in the other members of the family, cramps in the stomach, and hoarseness are lacking. Calcarea carbonica he has found successful in young and chlorotic girls, with great paleness of the mucous membranes, disturbances of digestion, a bad breath, soft stools, a disgust for bread, intolerance of milk, aversion to work, etc. In these cases the remedy will root out the predisposition, whether the menses be late or not yet established. — *Revue Homœopathique*, Année 21, No. 9.

MERCURIUS SOLUBILIS IN PEMPHIGUS.—Dr. Oscar Hansen was consulted by a stone-cutter of 37 years who, previously quite healthy, was attacked by a pemphigus a year ago, which slowly disappeared. During the last few months it has reappeared. On the dorsa of the feet, directly over the joints, there is an ulcerated spot of the size of a small hen's egg. It had been preceded by a large vesicle, which contained a milk-like fluid, but which had burst. There was some pain, especially at night, in the ulcer. He was weak, but with a good appetite, and his general health fair; he was robust and denied syphilis. Arsenicum album 1c, trit. dil., three times a day, the ulcers to be dusted with rice flour in the morning and washed off every third day with warm water. In three weeks the pains had disappeared, otherwise no change. As he complained of troublesome night-sweats and expectorated a great deal of mucus, he received mercurius solubilis 1c morning and evening, while locally a salve of red precipitate 1:50 of lard. In a month he was perfectly well. — *Maanedskrift For Homœopathi*, No. 1, 1895.

ANTIPYRIN IN URTICARIA.—In a case of violent urticaria, with aggravation in the morning on arising, at four in the afternoon, and on going to bed, when it appeared with desperate intensity, antipyrin was administered in the second decimal trituration, 10 centigrammes in 1.0 grammes of water, to be taken during the intervals every two hours. The first day the patient took it at 2 and at 3.30 P.M. The customary attack appeared at 4, but it only lasted for three or four minutes. Another two doses followed that afternoon, which controlled the evening and night seizures. It was continued for two days longer, when the disease disappeared. — *Boletin de Homœopatia*, Año VII, Nos. 2, 3, and 4.

POTASSIUM PERMANGANATE AND ILEX MATÉ IN DIABETES MELLITUS.—Writing under the above title in the *North American Journal of Homœopathy*, January, 1895, Dr. E. M. Hale recalls the paper by Dr. Monin, of Paris, on what he termed rheumatic or hepatic diabetes, read at the eleventh session of the International Medical Congress at Rome in March, 1894. Dr. Monin recommended the administration of potassium permanganate in ten drop doses of a 5 per cent. aqueous solution, gradually increased to thirty drops, twice a day, given in a glass of old wine after meals. As a drink in these cases he prescribed a hot infusion of maté. This medication reinvigorates the vital forces, reduces the thirst, and

causes a notable diminution in the amount of sugar in the urine, without resorting to a strict anti-diabetic regimen. In cases of diabetes with enlargement of the liver, this treatment brings about a reduction in size of the organ within ten or twenty days, at the same time improving the associated symptoms. Another constant effect of the permanganate is an increase in the number of red blood corpuscles and in their proportion of oxyhæmoglobin. The hot 8 per cent. infusion of maté, taken without sugar at meal times and between meals, in amount from two to six quarts a day, adds greatly to the good effects. The maté should be taken in powder suspended in the infusion.

The richness of *ilex paraguayensis* in tannin and chlorine combined, together with the soluble salts of potassium and magnesium which it contains, partially explain its useful diabetic action. Maté reduces the amount of sugar excreted in the urine in the same way as does opium, but without the narcotism, constipation or cardiac depression.

Dr. Monin has employed this treatment in upwards of forty cases, and affirms most positively its great efficacy in the hepatic or arthritic forms of diabetes. The nervous and pancreatic forms are less favorably affected, although a palliation of the symptoms may be obtained.

Dr. Hale, after reviewing the few facts known as to the action of manganese on the liver, concludes that it is probably homœopathic to diabetes of either hepatic or nervous origin. It has not been known to cause saccharine urine, but future provings may give us guiding symptoms. At present we are justified in using it empirically, but in smaller doses than those advocated by Dr. Monin; probably the 1x or 3x would do as well. Other preparations of manganese may prove to be even better.

As to the maté, it is the leaf of the *ilex paraguayensis*; and in addition to the constituents already mentioned contains from 1 to 3 per cent. of caffeine. Dr. Hale sees no reason why coffee or caffeine would not have just as favorable an effect in diabetes as maté; but the latter may contain some constituent not yet discovered by chemists.

THUJA FOR OVARIAN PAIN.—Dr. J. T. Kent says that thuja has a profound action on the glands, causing stitching, tearing pains in the glands as if the latter were being torn to pieces. One particular gland, the ovary, is more affected than any other, and particularly the left. Violent pain in the left ovary, coming on at the time of menstruation and continuing during the flow, extending particularly down the thighs, but may be in every direction, increasing as the flow comes on; stinging, rending, tearing, burning, bursting pains, as if the parts were being torn out; she has to cry aloud and becomes hysterical. This is a very strong thuja group. It is the opposite of zinc and lachesis, for in these relief comes with the flow. — *Medical Advance*, March, 1895.

APOCYNUM IN URETHRALGIA.—Dr. A. M. Cash reports the case of a lady, aged 55 years, of nervous temperament and gouty diathesis, who also suffered from multiform neurotic symptoms. She complained of persistent pain in her urethra, and there was frequent micturition, with scalding pain on passing stream, followed by a dull, depressing pain, like toothache, well marked and lasting from one to two hours. It disabled her from doing anything while it lasted. Cantharis was ordered, with hot sitz baths. By these means the scalding was relieved, but the persistent aching after micturition was not affected. Subsequently, apocynum 3x was given every two hours, followed by a great and decided relief to pain and also to bladder tenesmus, which sometimes accompanied it. — *Monthly Hom. Review*, February, 1895.

CALCAREA PHOS. FOR ENLARGED TONSILS.—Dr. Theophilus Ord reports the case of a boy, aged 15 years, who has had running from the ear since a baby. Sometimes the discharge is offensive; the quantity varies; tonsils very large, almost meeting; has sore throat. Calc. phos. 2x ordered t. d. s. In two weeks the discharge from ear was less, otherwise symptoms were the same. Hepar sul. 3x was then given for a month; discharge then stopped and throat had improved. He said it felt quite well. The tonsils being still nearly the same in size, calc. phos. was returned to for a month, during which time they rapidly diminished, until in three months after commencing treatment they were of normal size again. There was no return of discharge from the ear, and improvement was permanent a year afterwards. — *Monthly Hom. Review*, February, 1895.

THE STOMACH SYMPTOMS OF ROBINIA.—Dr. J. T. Kent recommends robinia in malignant diseases of the stomach, inveterate opium-eaters, distressing and prolonged vomiting in pregnancy. It may be used in malignant growths of the stomach with great hardness, great pain and burning, where everything is vomited. The vomited matter is so sour that it excoriates the mouth and lips; so sour that it turns the teeth on edge. There is copious vomiting of coffee grounds. She vomits after the least food or drink. In carcinoma this will comfort and palliate the patient. This was done in a case that was emaciated to a skeleton. A patient had been taking morphine for years. He passed over the diarrhœa under pulsatilla. Then came a state in which the stomach refused to digest; every mouthful that he took distended him dreadfully; everything became perfectly sour in an hour or two after eating, and came up. This patient went on to perfect health under robinia, and now has no desire for morphine. He had been taking it for years for neuralgia of the face, which came on from a suppressed malaria. He had no more neuralgia after he came out from the morphine, of which he had been taking ten grains per day.—*Medical Advance*, March, 1895.

KALI SULPH. FOR OXALURIA.—Dr. Hærmann of Paris, has had remarkable success in cases of oxaluria from kali sulph. He considers it almost a specific in this condition, and Dr. T. F. Allen has repeatedly verified this generalization. It can hardly be called a verification; still it may assist in the treatment of this very obstinate affection.—*N. A. Journal of Hom.*, February, 1895.

BERBERIS FOR ACNE FACIALIS.—Dr. H. M. Dearborn reports the case of a young woman, single, æt. 23, who for eight months suffered from acne of the face, characterized by brownish spots of pigmentation, after the eruption had disappeared. She was cured in three weeks with berberis.—*N. A. Journal of Hom.*, February, 1895.

PHOSPHORUS IN MITRAL REGURGITATION.—Dr. William F. Honan reports the case of a Miss B., æt. 42; she was large and stout, and suffered from mitral regurgitation, with evidences of beginning œdema of the lungs. She complained of dyspepsia, with inability to lie on the back or left side; cough, worse at night, with scanty white expectoration; at times, inability to breathe lying down. Under phosphorus 3 the lung cleared up, the œdema disappeared, and the patient is going about. Improvement continues.—*N. A. Journal of Hom.*, Feb., 1895.

REMEDIES FOR IMPAIRMENT OF MEMORY.—Dr. William J. Guernsey briefly reviews the remedies homœopathic to impairment of the memory as follows:

Anacardium heads the list, and, when not contraindicated, will surely benefit the trouble. The patient is much worried; his forgetfulness, and besides a general hypochondriacal disposition, may be inclined to profanity on the slightest provocation.

Baryta Carb. suits the dwarfish person, who is physically as well as mentally weak; subject to throat troubles; and, for a child that cannot be taught because it fails to remember.

Glonoine.—For one who forgets well-known streets and loses his way. Particularly, if he has, at any time, been overcome by the sun. The patient is uncommunicative.

Hyoscyamus, is also averse to being questioned, yet talks much in a rambling way. Dreads being poisoned or betrayed. Does foolish things; and it is especially of use when the trouble is the result of unrequited love or jealousy.

Lachesis is a talkative remedy, and changes rapidly in thought from one subject to another. Makes mistakes in writing because of default of memory. Useful at climacteric period, or for old whiskey drinkers.

Lycopodium.—Makes mistakes in writing, as to letters, syllables, words, or even the sense. Is sensitive, irritable, and dyspeptic.

Medorrhinum.—For suppressed gonorrhœa.

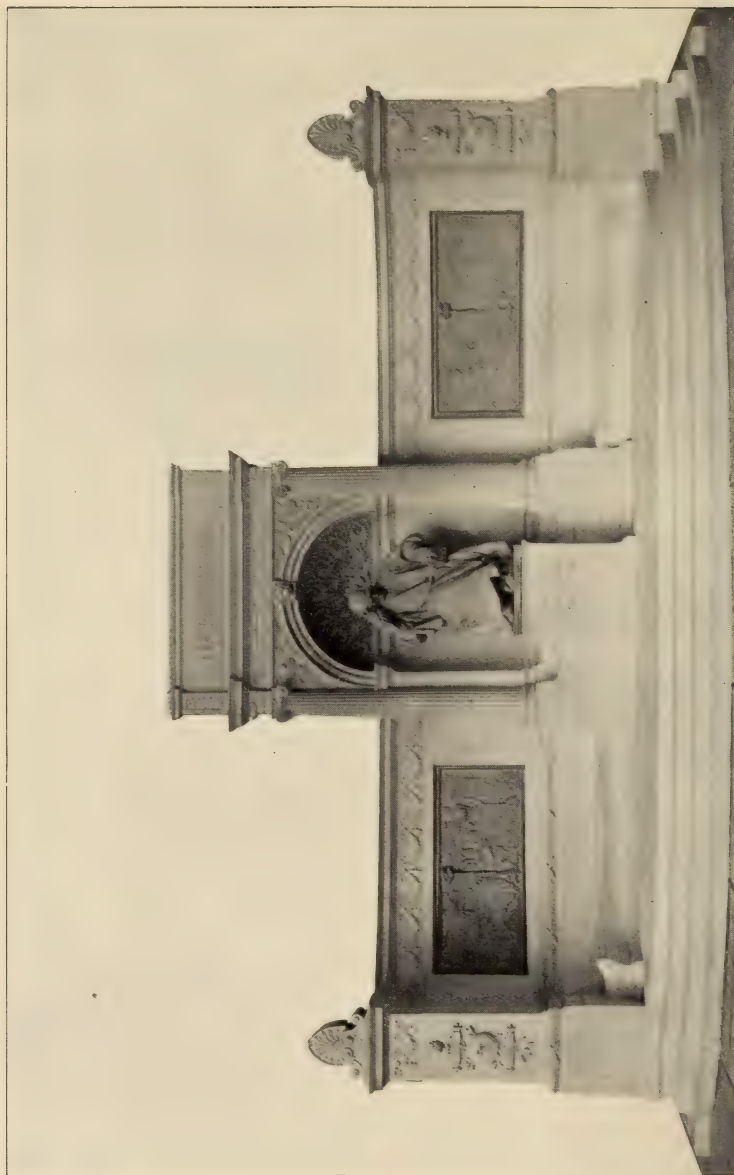
Natrum Muriaticum.—Makes mistakes in talking, through forgetfulness, and is rendered awkward by it. Despondent, and weeps from consolation. Especially worse after cauterizing with nitrate of silver.

Nux Moschata is hysterical, of course; and the memory fails in holding the thought while reading, writing, or speaking.

Phosphorus.—Has difficulty in arranging his thoughts. Tall, lean, narrow-chested, and may be hæmorrhagic diathesis.

Phosphoric Acid has also, indifference; but is chiefly to be thought of for cases dependent upon sexual excesses.—*The Medical Advance*, March, 1895.





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A STUDY OF THE SCOPE AND LIMITATIONS OF THE LAW OF CURE.

BY PEMBERTON DUDLEY, M.D., PHILADELPHIA.

(An address delivered in the "Hahnemann Club Course of Lectures," in the Hahnemann Medical College of Philadelphia, March 25, 1895.)

THE spirit of true critical inquiry is fearless. It invades every department of human thought and pursues its investigations in every field of knowledge. It pauses upon no threshold, whatever be the injunction laid upon it, but brushes aside the veil of mere sentiment, to enter the most holy places in which we have enshrined the doctrines and faiths of centuries.

Yet this spirit need be neither self-conceited nor irreverent. Its history has not been so uniformly creditable as to make humility unbecoming to it. It has not demonstrated its own infallibility, and has frequently succeeded only in substituting, for an old error, a new one not less absurd. It has met its most ignominious defeats upon some of the fields where it had hoped to win its proudest laurels. It has no need, therefore, to make light of the achievements of past decades and centuries, or to ridicule the efforts and sacrifices of those whose earlier feet have smoothed a path for their too unappreciative successors. Neither may it assume to sit in final judgment upon all questions it may choose to honor by its researches.

In such a study as that which here and now concerns us, all immodest pretensions are particularly out of place. The homœopathic portion of the medical profession is strongly united in the belief in a divinely ordained law of cure. Reason and experience have equally seemed to justify this belief, and the power of this law of cure to ameliorate the condition of mankind has so enthroned it in the affectionate admiration of physicians and the public, that all rude and indiscriminating assaults made upon it are regarded as the offspring of either ignorance or vulgarity. Our present inquiry requires us to dig and delve among the foundation stones on which the temple of scientific therapeutics is reared; but it does not require that we shall forget the honor and reverence due to him whose labors and learning and genius, as illustrated and exercised in the construction of this temple, proclaim him the greatest of medical men the world has yet seen.

A remarkable feature of medical society discussion is to be noted in the prominence given, and the almost unquestioning credence accorded to what we call "observation and experience." As against these, logical argument unsupported by direct physical demonstration avails but little. In the professional mind, accustomed to dealing with facts rather than arguments, experience—even the single experience of a single individual—is often held in higher esteem than the most conclusive argument of the logician, though backed by all the *general* observations and analogies of nature. Herein the medical profession makes some of its most serious mistakes. While it is universally admitted that actual observation ought to be demanded in corroboration of all scientific opinions, it must be equally insisted that, as all truth is in harmony, the *logic* of science must be summoned to aid us in the correct understanding, and even the correct perception, of our experiences; else we are almost as liable to be misled by facts as by arguments. We do not deny the ocular perception of the famous clergyman who declares, on the evidence of his senses, that "the sun do move;" we only question his interpretation of that evidence. Yet, whenever we insist that our individual "experience" and our interpretation thereof, shall be accepted, we forfeit all right to be mirthful at the expense of Brother Jasper.

In considering the scope and limitations of the natural law

of cure, let us first remind ourselves that no event ever occurs in nature except under the operation and government of law. No change in matter, in its position, form, relations, or chemical constitution; no change in living bodies, in their birth, growth, functions, reproduction, decline, death or decay, can take place independently of this governing, directing and determining influence. Moreover—and here is something which we sometimes lose sight of, and which in past ages was always unperceived—no change from health to disease, no change occurring during the progress of disease, and no change from disease back to health again, ever did or ever will occur except as determined and directed by the agency of natural law. If there were no laws determining material changes there would be no material changes; if no law determining the production of disease, we should have no disease; if no laws determining recoveries, no recoveries; and if there were no law of cure, there would be no cures. For these, like all other operations and phenomena of nature, are governed by law.

But natural laws have limitations. To this statement there is probably not a single exception. We sometimes hear it said that “the law of cure is universal, like the law of gravitation.” True, but let us ask in what particular is the law of gravitation universal? It probably exerts its influence upon every atom of matter in the entire universe, and in that respect it must be considered universal. But we must remember that one of the highest glories that encircles the brow of Newton is his demonstration and actual measurement of the limitations of the law of gravitation. While he showed that all bodies of matter attract each other, he also showed that this attraction is definitely and exactly bounded and limited by their mass and by their distance asunder. It has also been demonstrated that the law of gravitation, as exerted among celestial bodies, is antagonized and in a measure overcome by the laws of centrifugal and perhaps other forces. The laws of chemical affinity are limited in their operations and effects by the presence or absence of heat, light, moisture, vitality, and other agencies, and similar statements can be made as to the laws of heat, light, electricity, growth—yea, life itself. They are limited by their environment, by the antagonisms of other laws, and by their own essential nature. Their divine Author and Ordainer

hath set bounds to their domain, even as to His "great and wide sea," saying to the one as to the other, "Hitherto shalt thou come, but no farther."

When, therefore, we declare the existence of limitations to the domain and influence of the law of cure, we merely assert of it something that we know to be true of every other law of nature. We do not thus detract from the honor due to him who promulgated it; but even if we did, it would not alter the fact.

The "law of cure" which we are discussing had its existence long before it was discovered, and before the language in which it is expressed was invented. The formula, *similia similibus curantur*, therefore, is not the law; it is only our method of expressing, briefly and tersely, our conception of the law. Now, our conception of it may be correct, absolutely, or it may be incorrect, inadequate, incomplete. We do not get our conception of the law in the same way that Hahnemann obtained his. He got his exclusively from observation of the facts and phenomena of nature; we get ours, at least in part, from the significance of Hahnemann's formula. Such being the fact, how easy it might be for us to acquire a conception of the law different from that held by him.

This is a matter of considerable importance; because, so soon as we abandon the solid ground of observation and experiment in our mode of making investigations, we increase our liability to be misled at every step, even though we undertake to follow the accepted formulas of science. Only rarely does a word or a phrase *completely and precisely* represent a fact to the human understanding; it requires the additional aid of one or more of the senses or of some other educational agency. A no less distinguished writer than the Duke of Argyll has enjoined upon us extreme caution in our acceptance of scientific formulas. He says (*Reign of Law*, 5th edition, page 56): "Therefore, we must cast a sharp eye indeed on every form of words which professes to represent a scientific truth. For there is a brotherhood of error as close as the brotherhood of truth. Therefore, to accept as a truth that which is not a truth, or to fail in distinguishing the sense in which a proposition may be true from other senses in which it is not true, is an evil having consequences which are indeed incalculable.

There are subjects on which one mistake of this kind will poison all the wells of truth and affect with fatal error the whole circle of our thoughts."

Have we ever observed this injunction of Argyll's, as it relates to "that form of words which professes to represent the scientific truth" which we call "the law of cure?" If not, let us endeavor to do it now. What is this "form of words," and what the "scientific truth" which it "professes to represent?"

We accept the formula, *similia similibus curantur*, as expressing the truth that a drug capable of producing, in a healthy person, a certain group of symptoms, possesses, thereby, the additional power to cure a disease exhibiting a similar group of symptoms. This we call the "Law of Cure." Now, if this law is at all like other laws of nature, it operates with a definite and specific agent; it acts upon a definite and specific object; and it aims to accomplish a definite, specific, precise result. If the law did not manifest this quality of exactness and definiteness in its agents, its subjects, and its purposes, its claim to a place among the laws of nature might well be questioned. It becomes us, therefore, to ask ourselves three important questions about it.

First.—What are the *essential qualities* or characters of the *curable group* of symptoms?

Second.—What is the *character and extent* of the *similarity* necessary to qualify the drug for curative action?

Third.—What is the *nature and process* of the *cure* which the drug is capable of effecting upon its similar symptom-group?

First, then: What is this totality of symptoms which, according to the testimony of both reason and experience, is amenable to the law of cure? We are not now concerned as to its meaning as set forth by the lexicographers; but what are its qualities as determined by that same reason and experience? *What characters does the law demand* of it as prerequisites to its cure?

First.—The group of symptoms, in order to be amenable to the action of the similar drug, must constitute a pathical unit; and,

Second.—The unity of the curable group must depend upon the common origin or cause of its component symptoms.

It is possible to conceive of half a score of symptoms in one bodily organism having, each, its own distinct location, and its own separate cause, yet having no more relation, one to another, than if they had occurred in as many individuals. Pathologically, they would constitute, not one totality, but ten; and their homœopathic cure might necessitate the use of nearly or quite ten drugs. True, we do not meet such a condition in actual medical practice, but the presence of two or more distinct diseases in one organism is not uncommon. For instance, we frequently find an acute disease supervening in the course of a chronic malady, and having no discoverable or supposable relation to it. One of these may, by its effects on the general condition, modify the course or symptoms of the other; but, for all that, they are separate and distinct, and must be so treated. Hahnemann, in his work on *Chronic Diseases*, devotes much space to a consideration of this phenomenon, and lays down rules for the guidance of the physician in treating it; recognizing emphatically the pathical independence of the two maladies. His curable totality, therefore, does not include all the symptoms that may chance to be crowded into one body, but rather, all that exist under the operation of one central morbid cause. As to the unity of the curable group, Hahnemann says, in the *Organon*, Section 15: "The affection of the morbidly altered vital force, and the complex of externally perceptible symptoms caused by that power in the organism, and representing the actual disease, constitute a whole—one and the same. Both constitute a unit, although our reason, in its process of thought, separates this unit into two ideas for convenience of apprehension."

This view of the unity of the symptom-group has great value to us as practitioners. We sometimes define a natural law as merely an order of sequence or occurrence, without recognizing any necessary relation between the occurrences. But in the scientific practice of any art, we always give to the term "law" a far higher meaning, by attributing to one event the power to compel another. Thus, we no longer admit that two occurrences illustrating the operation of a natural law can be adequately defined by the terms "antecedent and subsequent," but that we must employ the terms which declare the existence and operation of a compelling force, and so we designate them

“antecedent and consequent.” This we claim to be as requisite in speaking of the use of the similar drug and its resulting cure, as in referring to any other achievement of art. The drug possesses the power (“dynamis”) to *compel* the change from disease to health. This view evidently requires that the curative drug, in order to remove the totality of symptoms, shall act upon the cause of the totality. For it is inconceivable that the symptoms can be permanently removed (cured) unless their maintaining cause be also removed (cured). They would be immediately reproduced. Equally impossible is it to conceive that the symptoms could continue after the removal of their maintaining cause. Hence, it follows, that the curative drug must act, not directly on the symptoms themselves, but upon the cause that produces and maintains them; and it is the existence and operation of this cause which pathologically gives, and logically must give, to the symptom-group its character of unity.

This maintaining cause bears to the group of symptoms a relation somewhat like that which a luminous point sustains to the lines of light radiating from it, but with this most important difference: namely, that a disease-cause operating to produce symptoms in various parts of the body may, and often does, at some one or more points, produce *secondary* changes in function or structure, which become so many additional “secondary causes” or points of origin for the production of other symptoms. It is in this way, among others, that disease extends itself and becomes complicated.

Hahnemann has not left us in doubt as to his view of this matter. In Section 17 of the *Organon* he speaks of the “inner change of vital force forming the basis of disease, *i.e.*, the totality of disease;” and he makes assurance doubly sure when, in Section 16, he writes: “Healing remedies can, and actually do, restore health and vital harmony only by virtue of their dynamic action upon the vital force after the totality of symptoms has represented the disease to the attentively observing physician.”

All art recognizes the necessity of dealing with causes. And it is this recognition that, more than almost any other feature, gives to the practice of homœopathy its eminently scientific quality. If we should ever ignore or repudiate the relation of the causes of disease to the means employed for its cure, there

is no power on earth that can prevent the speedy downfall of our boasted system.

Now, let us consider our second question, What is the character and extent of the "similarity" necessary to qualify the drug for its curative action?

"Similarity" is a comparative term. It may be so slight as to be unrecognized by any but the accomplished expert, or it may be so general and exact as to obliterate all perceptible differences. It seems to be the general view that the former is insufficient and the latter needless as qualifications of the curative drug, and that somewhere between these two extremes must be sought that degree and quality of similarity which nature requires in executing her law of cure.

Recalling here the emphatic teaching of Hahnemann as already quoted, that the drug action must be exerted upon the origin and source of the symptom group, we need not hesitate to declare that the similarity of the curative drug must be of a quality and extent sufficient to determine and direct its action upon the *origin* of the group of symptoms. If, therefore, the chosen drug should cover a portion of the symptoms only, there might be a possibility of its action on the source and cause of the symptoms; but there would be no certainty of it. If, again, after having obtained all the symptoms of our "pathical unit," we go symptom-hunting all over the body, we may find, outside of our unit, some indications that may seriously mislead us in our search for the curative drug. And, at any rate, if we make no pathological discrimination as to the quality and relation of the symptoms, what reason, logical or physiological, have we to suppose that our selected remedy will reach the centre and focus of the disordered action?

If, in the third place, we satisfy ourselves with a remedy that covers but a portion of the totality, and especially if we seek to make our drug fit upon one, or a few, peculiar, unusual or unaccountable symptoms, leaving out of consideration those which give diagnostic character and force to the case—those which, as Hahnemann says in Section 16, "have *represented* the disease"—we certainly have small reason to hope that our drug will reach the seat and origin of the symptom-group. While we must admit that it might be correctly selected, the probability of such a success is anything but hopeful.

But there is a fourth method by which we may fail to attain

the requisite similarity in our selected remedies. Suppose, after obtaining all the symptoms of our "pathical unit" and excluding all that do not constitute a part of it, we now proceed to divide the symptoms into two half-totalities and select a drug for each of them, administering them in combination or in alternation. To suppose that either or both of these drugs will be likely to act upon the centre and focus of the pathical unit is, from a physiological point of view, the very refinement of absurdity. The most that can be hoped from such a method is that the drugs may be so selected as to act upon one or two of the "secondary points of origin" referred to heretofore; thus giving partial relief—mitigation—to the symptoms. Such treatment may be useful, or even necessary; but it were a gross abuse of the term to call it curative. In the self-limiting diseases, most of which are, properly speaking, incurable, nearly all of our best treatment is of this partial or palliative character, and this whether we use two remedies at a time or only one.

The cure of a case by a remedy chosen from a single, and apparently irrelevant, symptom—if we are to accept the clinical testimony, and this is not the time and place to dispute it—can be explained only on the supposition that a large proportion of our drugs must have a much wider range of action than their present pathogeneses would seem to indicate.

Thirdly.—What is the nature of the "cure" which the drug is capable of effecting upon its similar symptom-group?

This question seems to have been the subject of less general study than either of the others; yet it is, if possible, of greater importance than they. Let us consider it from the view-point of our so-called clinical experience.

Homœopathic physicians have, perhaps unconsciously, limited the significance of the term "cure" within much narrower bounds than do their allopathic brothers. Yet it is doubtful if even our own school of practitioners is at all unanimous in defining it as specifically as is requisite to a full understanding of the law. At any rate we find that, in our literature, certain writers apply the term to phenomena which in every essential particular are radically unlike each other; while other authorities—more careful and perhaps more modest—rarely employ the word at all in describing the results of their treatment.

Doesn't it somewhat compromise the credit of the profession that it cannot diagnose a cure when it sees one? And is it immodest in a physician to designate by its proper, scientific title a natural phenomenon occurring under his professional observation? But let us examine some of these reported "cures."

(a) A fracture of one of the long bones, with displacement, is treated by mechanical coaptation and retention of the displaced parts. Inflammation, more or less extensive and severe, formation of provisional callus and physiological reunion of the bone slowly follow. The essential processes concerned in it have been permitted to pursue their course uninfluenced by artificial means. Yet it is called a "cure."

(b) An acute gastric catarrh is to be treated. It is attended with signs of indigestion, including, we will say, "acidity of the stomach." The physician administers with each meal, a mild alkaline treatment to neutralize the acidity; meanwhile the disease runs its catarrhal course and disappears, and the case is pronounced "cured," although the remedy has been applied, not to the disease, nor to the patient, but to a chemical substance which, physiologically, was outside of the patient's body.

(c) A patient applies to be relieved of a tape-worm. The physician pays no therapeutic attention whatever to the patient, but proceeds to assassinate the parasite, and calls his murderous act a "cure."

(d) The pressure of a morbid growth, interfering with nerve or vascular function, excites a whole train of symptoms in a remote part. The surgeon removes the growth; and, although the seat of the malady that gave rise to the tumor may be as far removed from the seat of the operation as is the latter from the point of symptomatic manifestations, yet it is gravely announced as another "cure."

(e) As the result of a serous inflammation, a cavity becomes engorged with effusion. By means of the diuretic whip the unoffending kidneys are over-driven, and the watery *result* of a "disease" which perhaps has ceased to exist, is carried away and the process dignified with the term "cure."

(f) The unfortunate victim of an abscess presents himself for medical aid. The inflammation is intense and the signs of infiltration are beginning to be manifest. We apply our treat-

ment to "hasten the suppurative process," and, although we have done our best to make the morbid process worse instead of better, we complacently write this down also as a "cure."

(g) Another individual complains of a localized inflammation, attended with fever and local pain. The physician forthwith applies a counter-irritant to some other, and entirely healthy portion of the body, leaving the seat of the disorder untouched, and, upon the patient's recovery, boasts of a brilliant cure.

(h) A strong man is stricken with a continued but self-limiting fever. The medical adviser is called, and the patient is put through a course of "legitimate medicine." His skin is blistered, his stomach is robbed, his intestines are lashed into fury, his nerves are paralyzed, his brain is narcotized, his liver is prodded, his kidneys are goaded, and his vitality is sapped at every pregnable point, until the disease has completed its prescribed course untouched by a remedy, and—we are speaking of a "strong" man—the victim of the disease and of the treatment slowly and laboriously struggles back to health, while his physicians and friends rejoice over his "almost miraculous cure."

(i) Another case of continued, but self-limiting disease. Here the physician resorts to the more "modern" method. The symptoms and pathological conditions are combated with the "elegant preparations" of refined pharmacy. High temperature is met with measures for producing low temperature, and *vice versa*. Local hyperæmia is combated by drugs to cause local anæmia, and *vice versa*. Cardiac over-action is forced into cardiac depression, and *vice versa*, and so on through the whole list of "indications." And the recovery of the patient is heralded as a "cure" notwithstanding the fact that the treatment has been directed, not at the disease, but at its separate symptoms and its results.

(k) A physician, of a type unlike either of the two just mentioned, is called to a case of incipient scarlet fever. The temperature, pulse, skin, mental symptoms, etc., direct him to belladonna as the indicated remedy. Next day the untypical appearance, or the non-appearance, of the eruption, with the other symptoms, induce a change to bryonia. Still later, a suspicious tint of the skin, and the peculiar throat indications

point him to lachesis, which is accordingly prescribed. And so the conditions change, and remedies correspondingly change, until the stages are completed, and health supervenes. It has been a perilous time for the poor little patient, and the proud and happy doctor rushes into print to urge upon his fellow-practitioners the wonderful cures that may be effected by "the carefully selected homœopathic remedy."

Now, here are ten natural phenomena, all passing under the common designation—"cure." Yet there is not an essential particular in which any one of the ten resembles any one of the other nine. The word "cure" may thus be shown to mean any one of ten (or more) different things—may be applied to ten or more phenomena having no essential resemblance one to another. Yet, strange to say, upon the definition of this most undefined of words, we base our understanding of an important natural law, and upon this most unspecific of technicalities we have sought to erect a whole system of medicinal therapeutics. Are we to understand that the law of similars can bring about any or all of such cures as these; or if only one, which one?

The verb "to cure," if a little English grammar may be allowed, is of the active, transitive form. It describes an *act* performed, and performed upon an *object*—the administration of treatment—treatment directed against a morbid condition for the purpose of changing that condition into health. The act is a cause; the change, a result of that cause. Whenever, therefore, the change from disease to health is not the direct and distinct result of the treatment employed for that purpose, it ought not to be dignified by the term "cure." Moreover, if the change from disease to health is merely rendered possible, or if it be merely encouraged or promoted by the treatment employed, yet not actually determined or caused by it, the phenomenon cannot be properly called a cure. Governed by this conception of the word, not one of the ten illustrative cases we have described is worthy of the designation; and the one last mentioned is as fatally defective as the others.

There are now two questions to be asked and answered: First, What is a cure? From what has already been said, the answer plainly enough would be, "*It is a change from disease to health, caused by artificial means.*" If such a change takes place by the

ordinary processes of the animal organism, it must be called by some other name.

The second question we need to solve is, What particular *kind* of a "cure" is it which can be caused by means of the "similar" drug? And this constitutes the main question of this whole discussion. It resolves itself into several propositions, each of which must be considered in the light of both observation and reason. What *is* a homœopathic cure?

Substances which are employed as medicines are capable of acting upon the body in three different ways. First, physically; *i.e.*, by virtue of their physical properties, their weight, size, form, hardness, temperature, moisture, electrical state, etc. Physicians and surgeons, of all schools, avail themselves of these properties constantly in the treatment of illnesses as well as of injuries. But it is sufficiently evident, without argument, that the "similar" drug does not and cannot cure by virtue of any of these properties. For instance, a substance, by means of its size, form, and hardness, if administered internally, may have the power to inflict mechanical injury—laceration, bruising, cutting—upon the walls of the alimentary canal, with local inflammation, soreness, fever, exhaustion, hæmorrhage, etc; but no one imagines that a condition with similar symptoms could be cured by the employment of such properties of a drug. No; the homœopathic power of a drug does not depend upon its physical properties.

In the second place, a drug may be capable of affecting the organism by means of its chemical properties and affinities—its power to effect changes in the chemical composition of bodily tissues and fluids with which it comes into contact. These changes, when they occur, are capable of causing serious, and even fatal symptoms. But it would be exceedingly difficult to convince any one that the chemical affinities which could destroy the integrity of a tissue, could also restore that integrity. Hence, the chemical properties of drugs are also universally considered to have no place in the operation of the law of similars.

The third, and only other property, by which a drug can affect the animal organism, favorably or unfavorably, is what is called its "dynamis;" *i.e.*, its power to affect the functions, or, to be more accurate, the *vital activities*, of the various parts of

the body. These activities may thus be increased, or diminished, or perhaps, perverted; and by these changes, symptoms and signs may be induced with great regularity and uniformity; so that by means of these symptoms and signs we are able to judge, with much certainty, the particular drug that has produced them.

This dynamic property of drugs is universally held to be the agent by which they are capable of affecting the organism in a curative manner under the operation of the natural law. And now there is suggested to us yet one other question, namely: What changes can be produced in the organism *directly* by the action of this drug-property, and what changes can be effected *indirectly*?

That functional activities may be modified by dynamic drug-properties is so universally observed as to need neither argument nor demonstration. These modifications of bodily activities may be brought about both directly and indirectly, *i.e.*, a drug may act upon the function of an organ for which it possesses a specific affinity; and this is its direct or immediate action. And then, such is the intimate sympathy and relationship existing among the various parts, that other functions may participate in the disturbance, being excited thereto, not by the action of the drug, but by the derangement of related parts or organs. Such is the indirect, or intermediate, action of the drug. Now it is important to remember that a drug may exert both kinds of effects, whether used for a pathogenetic, or for a therapeutic purpose; and it is no less important to know that a drug, when used for a curative or alleviative object, may act on the disordered part either directly or indirectly, and that it may effect not only the disordered function but also other functions which are altogether free from disorder. Let us keep these facts well in mind during the remainder of this discussion.

But the dynamic action of drugs reaches out in another direction. By means of their power to modify vital activity they can modify also the chemical composition of a part, simply by changing the functions of nutrition or absorption. Such modifications may result in changes in the volume, weight or hardness of the part acted on, and may bring about changes even in the mechanical relations of parts. But all such effects of drug-action are indirect; never immediate.

This much as to the dynamic action of our drugs. Now, is there anything unreasonable in the inference that drugs which can change activities from normal to abnormal, can also change abnormal activities back to their normal? Is it rational to assume that an activity which can be influenced in one direction by means of drugs cannot be influenced in the opposite direction?

Next let us briefly consider a question which homœopathists, as well as all other physicians, are in the habit of leaving unanswered: What are the prominent features of that phenomenon known as a homœopathic cure, and how are they to be interpreted? What do they teach us?

First, we observe that the more general and close the similarity between the drug-symptoms and those of the disease we are treating, the more likely and certain is it that a curative effect will be obtained (*Organon*, Sec. 147). This evidences two things: First, it furnishes a demonstration of the validity of the principle of similars, and, secondly, it gives a pretty strong intimation that the drug has acted upon the cause and source of the disease-symptoms.

Second, we find that the drug usually acts best when administered in quite small, or even minute, quantities. We here find evidence amounting almost to positive proof that the drug does not operate mechanically, physically or chemically, because such modes of operation would require definitely large quantities, proportioned to the *quantity of effect* to be produced. Thus we are forced to accept the proposition that the drug acts only by virtue of its power to stimulate or depress, or perhaps pervert, the vital actions, and that when it effects changes in structure it does so only in an indirect (secondary) manner.

Third, the homœopathically-acting drug, when not given in needlessly strong doses, never excites any increase in the intensity of the morbid action, or increases the violence of the symptoms (*Organon*, Sec. 155). This constitutes evidence that the operation of the drug is never pathogenetic as to the parts involved, but is corrective or restorative only.

Fourth, the homœopathically-acting drug never excites symptoms or signs of disorder in organs and functions which before were normal. That is, it never causes excessive or diminished action in a healthy part. For instance, it never gives rise to

diarrhœa, or diuresis, or suppuration, or salivation, or excessive perspiration, or narcotism, or to any of the well-known pathogenetic effects of drug-action (*Organon*, Secs. 155, 156, 157). If this phenomenon means anything at all, it certainly sustains the view that the homœopathic action of a drug is always exerted upon a *disordered* vital activity—never upon a healthy one. In other words, that its action is always direct—never of a “round-about” character. It doesn’t cure one disease by causing another. It does not cure a disordered function by stimulating, or depressing, or perverting some other function. It goes straight to the focus and centre of the disordered action and acts upon that, *and upon nothing else*. And its action is corrective, restorative; to that is its office limited.

We have thus endeavored to study the real meaning and nature of the law of cure and the phenomena of the cure itself. Briefly, let us consider a few applications of what we have learned.

If the totality of symptoms has, as its present and maintaining cause, a disordered vital activity, such a totality may be expected to yield to the homœopathic drug; and this result will probably ensue in all cases in which the organism still retains sufficient reactive energy. It is in this particular that the law of cure is probably universal in its application and operation.

Even if, between the functional cause and its resulting symptom-group, there should have arisen some structural lesion involving a change in the physical or chemical relations and conditions of the parts; that is, if the structural lesion has resulted from the vital disorder, and the symptoms, or some of them, have sprung from the mechanical or physical effects of the structural change, in such a case it seems not illogical to expect the homœopathic remedy to remove the entire complex of conditions, functional cause, structural lesion, symptoms and all; though the selection of the remedy would be much more difficult than in cases less complicated. Thus it is that some of the most brilliant cures recorded in medical literature have been in cases of structural lesions in which it has been possible to reach the productive cause through such symptoms as were capable of directing the treatment, not to their mechanical cause, but back of that, to the vital origin of the mechanical change. In these two classes of cases, it would seem, we shall find the scope

of the operation of the homœopathic law. It is a very wide and comprehensive domain, and includes, probably, more than 90 per cent. of the cases that come under the care of the ordinary practitioner.

But now, on the other hand, suppose that a functional disease has given rise to a structural change in some part or organ, with alteration of its size, weight, hardness, or perhaps a change in its position. Then suppose that the functional disease, having accomplished this mischief, should disappear spontaneously or should be cured; while the changed conditions or relations of the structure continue, and, by means of mechanical pressure, tension, obstruction or other influence, cause a whole series of symptoms; how shall the case be treated? It is quite certain, that in order to cure the group of symptoms, we must remove the mechanical cause—the structural lesion. Yet it is impossible to do this with a homœopathic remedy unless we can reach and act upon the cause of the lesion—a cause which, we have assumed, is no longer in existence. If, as already said, the structural lesion is *maintained* by a functional disorder, then it is perfectly clear that the homœopathic remedy can affect it curatively. But we often find structural lesions which, while they have been produced by functional disturbances in the first place, are now maintained in existence by *causes which are not essentially abnormal*, and which, therefore, are not subject to the action of the restorative (homœopathic) drug. Such cases are evidently outside of the domain of the homœopathic law.

The question that will be asked here is this: Suppose a case in point—a case of uterine hyperplasia—in which the functional cause has ceased to operate and the mutually antagonistic functions of nutrition and absorption are so normally balanced that no change can be expected in the volume or weight of the hypertrophy. Still, can we not find a drug which will diminish the nutritive process on the one side or increase the absorptive activity on the other, thus diminishing, and finally removing, the trouble? Such a thing is certainly possible; but if the functions named be normal, as we have assumed, then the drug which modifies their action could not be homœopathic (curative), because the functions are not sick. The action of such a drug must always be pathogenetic, and is no more homœopathic than is the surgeon's knife. Our homœopathic gynæ-

cologists, in such cases, almost instinctively resort to surgical methods, but can they assign for it any reason save that furnished by hard and costly experience?

There is no need to cite, as illustrations, all the questions that have served as subjects of contention among homœopathic controversialists for fifty years past—the cure of tumors, hæmorrhages, displacements, impactions, concretions, etc. If we accept the general propositions which seem to be justified from what we have learned during this study, a correct pathology will assist us to decide in what particular instances the homœopathic law may be employed, and in what instances we shall be compelled to resort to the pathogenetic power of the drug or the equally pathogenetic force of the surgeon's appliances.

A few quotations from the *Organon* are of interest as affecting the question under discussion. On page 35 (Wesselhoeft's translation), after objecting to the view that unaided nature can exercise any healing art worthy of imitation, Hahnemann says, "No; the true healing art is that intellectual office incumbent on the higher human mind and free powers of thought, discriminating and deciding according to causes." From which we infer that although Hahnemann recognized the multitude of natural recoveries, he had small faith in any real *vis medicatrix naturæ*.

Again, he says: "We may readily understand how impossible it would be to cure diseases by medicines, unless these possessed the power of altering the state of health dependent on feelings and functions of the organism." (Section 19.) Here, and in several other places, he shows his opinion that the homœopathic remedy acts only on disorders of function.

"Every disease, not subject to surgery alone, is based upon some particular morbid derangement in the feelings and functions of the vital force." (Section 29.) That is, if the cause of the group of symptoms be not functional in character, the case is "subject to surgery alone," not to medicine.

Still further: "A medicine possessing the power to produce symptoms most similar to those of the natural disease to be cured exerts its dynamic influence upon the morbidly disturbed vital force, and if administered in a well-proportioned dose, will affect those parts of the organism where the disease is located." (Section 148.)

Just one more: "During the action of a homœopathic medicine . . . the minute dose required is much too weak to affect the sound parts of the body." (Section 155.) This corroborates the view that the homœopathic drug never accomplishes its curative work in an indirect way through some action upon healthy parts or functions.

Thus it seems that Hahnemann's teachings on the subject involved in this discussion are sufficiently positive and emphatic. But while we may not have disputed them, we yet have been somewhat reluctant to follow them to their logical conclusions.

We have endeavored, in this address, to sustain the following propositions, some of which are accepted by all homœopathic physicians:

1. The dynamic influence of a drug is always exerted directly upon the vital activities, never upon the chemical or physical qualities of the structures, except indirectly through the affected activities.

2. The dynamic influence of a drug *may* also be exerted indirectly upon other parts and activities through their physiological relation with the part specifically and directly affected.

3. The dynamic influence of a drug is of two kinds: First, pathogenetic—inducing disorder; second, homœopathic, correcting disorder.

4. Hence, the homœopathic action of a drug, being always both dynamic and corrective, is always exerted upon vital activities and always upon those which are disordered.

5. A cure is a change from disease to health, caused and determined by artificial means.

6. A homœopathic cure is a change from disease to health, caused by the action of the "similar" drug directly upon the vital activity whose disorder causes and maintains the symptoms.

7. A group of symptoms maintained by disorder of a vital activity is probably always amenable to the law of cure.

8. A group of symptoms maintained by the mechanical or physical action of a structural lesion, its hardness, weight, volume, pressure, etc., may also be amenable to the law of cure if the lesion be itself maintained by disordered vital action.

9. A group of symptoms maintained by the physical effects

of a structural lesion, if the causes which now maintain the lesion are not abnormal, is not subject to the law of cure.

10. A group of symptoms maintained by loss of tissue or of vital fluids cannot be cured under the operation of the homœopathic law. But if these losses give rise to vital disorders, and these in turn cause additional symptoms, it is probable that these latest symptoms can be greatly alleviated, if not cured, by the operation of the homœopathic law.

It is a most remarkable circumstance that, as one pursues an investigation in any direction in relation to the philosophy of medicinal therapeutics and in the light of modern knowledge, a reference to the writings of Hahnemann, and especially to his *Organon of the Healing Art*, shows that every question has been anticipated by that wonderful genius of his. Even before the hard lessons of actual experience had forced them upon his attention he seems to have thought them all out and to have reached wonderfully correct conclusions regarding them. How true to the line his reasoning powers must have been; how far-reaching his precognition. Out of the almost dense ignorance of physiology and pathology that prevailed in his time, out of the dim and misty conceptions of pharmacology, out of the shapeless entanglement, the therapeutic anarchy, the airy and unsubstantial hypotheses and speculations, out of the shallow superstitions of the old medical practice, many of which had arisen from the darkness of heathen barbarism, Hahnemann seems to have evolved almost the whole philosophy of medicinal therapeutics, sending it forth, like a modern Hercules, full-armed for the endless conflict with disease on the one side and with the inimical spirit of mediæval conservatism on the other. Verily, the profession has never produced his parallel, nor is it likely that it ever will.

FARADIZATION IN LUMBAGO.—Dr. Bonnefin is a warm advocate of the Faradic current in treating lumbago. He finds a cure is to be obtained the more recent the seizure. If it date but one or two days back, it is rare that a relief is not gotten in a day or two with a sitting of eight to ten minutes, they being the more energetic the more severe the pain. Four applications of the current most frequently suffice to allow the patients to resume their occupations. He admits, that with galvanic current the same results would be obtained. The status and sinusoidal currents he has not tried. In lead-colic, faradization will almost instantly cause a cessation of pain, but the application may be so severe as to demand anæsthesia. Other writers also praise static electricity in this affection.—*Archives d'Electricité Medicale*, No. 25, 1895.

A CASE OF ALEXIA AND APHASIA IN A LEFT-HANDED INDIVIDUAL
WITH RIGHT-HAND AGRAPHIA.

BY JOSEPH T. O'CONNOR, M.D., PH.D., NEW YORK.

(Professor of Nervous Diseases in the New York Homœopathic Medical College; Professor of Mental and Nervous Diseases in the New York Medical College and Hospital for Women.)

Mr. —, aged 58, was referred to me by an eminent colleague on January 23, 1895. Patient, a vigorous man of large frame, had had what was said to be an attack of cerebral congestion some two years previous, and another during the summer of 1894. A few days before I saw him his friends had noticed that the left leg dragged somewhat in walking, that he could not use his left arm well, that the left side of his face drooped and that in conversation he frequently could not find a desired word. It was also remembered that on the same day he could not read a written contract.

On examination I found the following conditions: Distinct paralysis of left side of face, some loss of power in left hand and arm, no loss in left lower limb, and he now walks without limp or drag of the leg. Partial aphasia quite noticeable, with some paraphasia, and on testing him, almost complete alexia. Pupils equal and react to light and in convergence; no hemianopsia. I remarked that he must be left-handed, to which he replied in the affirmative, but I was astonished at his wife's denying this; he repeated his statement, and then she said that he always wrote with his right hand. Upon my asking him to write for me and suggesting his name and address and the date he wrote the following:

*Yours Truly,
H
New York
Jan.*

Almost complete agraphia is shown in the foregoing; as the examination was exciting him further investigation was postponed.

Alexia was almost absolute. In attempting to read he would give correctly the first word or two of a paragraph if they were common or short words, but he continued making sounds as if reading, the result being unintelligible.

The aphasic condition was sufficient to make it difficult to understand him except in reply to questions that could be answered by yes or no, for in almost every sentence he would pause and then say "I can't get it," or, with a gesture of impatience, "you know what I mean." On the 25th he was again tested: Alexia complete as before; the following sentence was given to him in writing to copy: "There is a happy time a-coming," and the result is shown here in the lower two lines.

There is a happy
time a coming
very Wednesday in
home being

Then being asked to read the "copy" set for him, he read "he is happy, he is coming," the words "happy" and "coming" being each at the end of a line, and on being asked to read what he himself had just written, he read "he is happy, he is coming," apparently remembering his reading of the set copy. A family prayer book was given to him, and his reading was utterly unintelligible except for the first word or two of a paragraph. The book was chosen because of its good large print and his familiarity with it.

He was now requested to write from dictation the following

sentence: "a man's a man for all that," and the result is here reproduced.

Learned a number years

being some time

As he was becoming excited, further examination was stopped, so that any loss of the recognition of figures was not determined.

There was no sign of word-deafness and no apraxia; no anaesthesia. The diagnosis made was thrombosis in a branch of the Sylvian artery, probably the third, of the right side.

His condition grew worse in a general way, but in two days a sudden increase of trouble, accompanied by coma and absolute paralysis of left arm and leg, showed the occurrence of a new lesion in the neighborhood of the first. The immediately alarming symptoms disappeared within twenty-four hours, but the paralysis of limbs of left side remained. The inflammatory reaction was severe, delirium being present for a long time.

He died five weeks after my first seeing him.

At no time was there any loss of power on right side, and when during the last few weeks of his illness there was an occasional lifting of the cloud, he would answer intelligently by gesture or, rarely, by words.

No autopsy.

The case is one of very great interest. First, because of the evident existence of a destructive lesion in the right hemisphere in a left-handed person, with loss of language faculty strictly in accordance with our present views concerning localization of those faculties. It may be said that although the patient had a left paralysis, yet he may have had also a lesion in the left hemisphere sufficient to account for the alexia, aphasia, and paraphasia. But to this it may be replied that a lesion sufficiently extensive to involve the areas for these functions must inevitably involve, indirectly at least, the motor area, yet there was not the slightest impairment of power in the right side of the body.

Secondly, the case is of the greatest possible interest, since I am unaware of any recorded case of right-hand agraphia in a left-handed person suffering from any form of aphasia. In this case, all the clinical evidence shows conclusively the existence of a lesion in the right cerebral hemisphere, and none in the left.

The conclusion, therefore, to be deduced from a study of the case is, that the cerebral initiation of the act of writing in a left-handed person, who has learned to write with the right hand and who always writes with that hand, is in the right hemisphere, and that impulses are then transferred to the motor area of the left hemisphere through the association-fibres *via* the corpus callosum.

The cerebral processes involved in directing the act of writing do not seem to be located in any definite area, but are dominated in different individuals in different ways. In some, the inability to reproduce mentally a word-picture, or word-sound, as the case may be, would seem to be sufficient to cause agraphia; in the present case, the loss of the word-picture and the complete agraphia apparently shows that, in him at least, the power of writing was dependent upon impulses originating in the supramarginal gyrus. Whether these impulses were sent first to the motor-area for the left hand, and thence to the motor-area in the left hemisphere, or from right visual word-area to the left one, and thence to the motor-graphic area in the left hemisphere, must remain undecided. The view stated positively by Oppenheim, that the visual area for words (and things) is equally present in both hemispheres, does not find support in this case.

SOME VESTIGIAL STRUCTURES IN MAN.

BY W. E. ROTZELL, M.D., NARBERTH, PA.

THE term vestigial is used in anatomy as being more convenient in describing those parts generally known as rudimentary, abortive, atrophied, or useless. There are many vestigial structures in man, and an attempt to more than mention some of the most interesting of them would far exceed the limits of this article.

In the article entitled "What Is and What Was the Vermiform Appendix," that appeared in the *HAHNEMANNIAN MONTHLY* for January last, there are several statements which, to say the least, are rather inaccurate, and should not be overlooked.

The author there says, referring to the appendix, "At all events the function of this little diverticle is unknown." By this the writer implies that the appendix has a function. If he had remembered that the vermiform appendix is, as he stated in another part of the article referred to, a discarded organ, he would have clearly seen that it has absolutely no function. This appendix vermiformis is a vestigial structure, and like all such structures has no function to perform in the organism. If it had a function it would not have become a rudimentary organ, and, as in some cases it is absent, it would be beyond the realm of reason to suppose that it is of some unknown service to man. The writer says in the article quoted that he believes "comparative morphology will clear up the darkness." Comparative morphology has cleared up the darkness in relation to the vermiform appendix long ago. "Not only is it useless," says Darwin (*Descent of Man*, New York, page 21), "but it is sometimes the cause of death."

The vermiform appendix is, doubtless, the remains of the much elongated cæcum that is found in the majority of the herbivorous mammals. In man and the four anathropomorphous apes, the lower end of the cæcum has attached to it the vermiform appendix, which varies in length from two to eight inches; this appendix is also found in the wombat, a marsupial mammal which has many characteristics of the rodents.

In the orang the appendix is longer than in man, and in the human fœtus it is proportionately more developed than in the adult. But like all vestigial structures it is extremely variable, usually present, but occasionally absent.

Another vague statement made by the author of the article referred to, is that "Nature never makes mistakes." Just exactly what is meant by this expression is more than I can understand, but I think it can be reasonably inferred that he means that every organ or structure possessed by any animal is in some manner beneficial to that animal.

This is certainly far from being true; were it so, the vermiform appendix would not be a useless organ. The usefulness

of the tonsils is also doubtful. They are, as we all know, frequently the seat of disease, and after removal the individual realizes no inconvenience from the loss. Of what utility are the cervical auricles that occasionally occur in man, or the supernumerary legs, fingers, and toes, as well as all the other abnormalities that frequently occur.

Among the lower animals there are numerous instances of useless organs, such as the clavicle of the cat, the teeth of a whale, or the sting of a bee or wasp, which, when used, as a rule, causes the death of its owner. Referring to insects, Professor Graber (*Die Insecten*, Munich) says: "There are also numerous structures and organs which may, with absolute certainty, be pointed to as perfectly useless." If it were true that there were no useless or non-adaptive organs, all organic forms would be perfectly adapted to their environment. Such is not the case. If it were so, there would be comparatively few extinct organic types excepting those exterminated by other forms.

Many investigators, such as Professors Cope, Bronn, and Broca, have long declared that the non-adaptive characters are as numerous as the adaptive. Of these useless specific characteristics, the late Professor G. J. Romanes (*Jour. Linnean Soc.*, London, vol. xix.) says: "It is impossible to believe that in all, or even in most, cases where minute specific differences of structure or of instinct are to all appearance useless, they are nevertheless useful. Observe, the case would be different if the great majority of specific distinctions, like the great majority of larger distinctions, were of obvious utilitarian significance. In this case we might reasonably set down the exceptions as proof of the rule, or hold that they appear to be exceptions only on account of our ignorance. But it is certainly too large a demand upon our faith in natural selection to appeal to the argument from ignorance when the facts require that this appeal should be made over so very large a number of instances. We might, for example, most reasonably conclude that the callosities on the hind legs of horses, or the instinct of covering their excrement shown by certain roaming carnivora, are of some such hidden use to the animals as to have preserved them in their struggle for existence. I say we might reasonably conclude this, provided that such instances

were exceptional. But seeing that so enormous a number of specific peculiarities are in the same predicament, it surely becomes the reverse of reasonable so to pin our faith to natural selection as to conclude that all these peculiarities must be useful, whether or not we can perceive their utility. For by doing this we are but reasoning in a circle. The only evidence we have of natural selection is furnished by the observed utility of innumerable structures and instincts which, for the most part, are generic, family, or higher order of taxonomic value. Therefore, unless we reason in a circle, it is not competent to argue that the apparently useless structures and instincts of specific value are due to some kind of utility which we are unable to perceive."

The third molars, or wisdom teeth, are becoming vestigial in civilized man. These teeth are now, as a rule, the last to come and the first to disappear; they are smaller and more variable than the other molars and have only two separate fangs. In the older remains of man the wisdom teeth have three separate fangs, as they still do in the Melanian races. In these peoples the teeth are capable of more resistance than in the Caucasian races. The pattern of the crown of the wisdom teeth, in relation to the number of cusps, also indicates that they are becoming rudimentary or vestigial. Owing to the manner in which the food of civilized man is usually prepared—requiring comparatively little use for the teeth—has led Professor Haeckel to suggest that the man of the future will possibly be toothless. I remember of hearing Professor Pemberton Dudley relate, in a lecture, the case of a young woman 22 years of age, who never had any teeth. A similar instance was more recently related to me of an individual who had reached manhood without ever having had any teeth. The same peculiarity had occurred in other members of that family. There are, doubtless, many similar cases that have never been recorded.

The body of adult man is always more or less covered with hair; this hair is the remains of the more extensive hairy covering possessed by his ancestors. An interesting fact in relation to this hairy covering is that the hair on the arm and forearm is directed towards the elbow—a characteristic which occurs only in the anthropoid apes and the American monkeys. The explanation of this has been given by Wallace,

Natural Selection and Tropical Nature, London, page 194, who states that the orang, when resting, holds its long arms upward over its head, so that the rain flows down both the arm and forearm to the long hair which meets at the elbow. In accordance with this principle, the hair is always longer or more dense along the spine, often rising into a crest of hair or bristles on the ridge of the back. In the entire series of the mammalia, from the monotremata to the quadrumana, this character is very prominent.

It is a well known fact in embryology, that at about the sixth month the human fœtus is frequently covered with rather long dark hair over the entire body, except the soles of the feet and the palms of the hands. This covering of hair is shed before birth, and so it is apparently useless except as being an evidence of evolution.

Other vestigial structures are the muscles of the external ear, and the panniculus carnosus, subcutaneous muscles by which a large number of the mammalia are able to freely move their skin, thus protecting themselves from insects. The plica semilunaris, or nictitating membrane, the semi-transparent eyelid, is rudimentary in man and other mammals, while in the other members of the vertebrata the function of this structure is to sweep over the external surface of the eye, apparently to keep the surface clear.

The bones of man present such vestigial peculiarities as the supra-condyloid foramen, which occasionally occurs; it is normal in the lower quadrumana. There is also the inter-condyloid foramen, which occurs in man and the anthropoid apes, but is not constant in either. These peculiarities are found to be more common in the bones of the ancient races of mankind, and also in some savage races.

The anatomy of man presents a large number of vestigial structures, each of which throws some light on the long line of his ancestral history, and that can only be accounted for as explained by evolution.

CONJUNCTIVITIS.—1. A feeling as if a foreign body were in the eye. 2. Enlarged and tortuous vessels. 3. Photophobia absent except in severe cases. 4. Conjunctiva swollen, sometimes chemotic. 5. No special tenderness of the eyeball. 6. Muco-purulent discharge. 7. Pupil unaffected. 8. A mydriatic acts normally. 9. Iris unchanged in color. 10. No synechia.

FABIANA IMBRICATA IN SUPPURATION OF THE BLADDER.

BY ROLAND T. WHITE, M.D., ALLEGHENY, PA.

(Read before the Homœopathic Medical Society of Allegheny County, Pa.)

FABIANA imbricata, commonly called pichi. Natural order, solanaceæ; habitat, Chili; diuretic, tonic, and terebinthinate.

The American Homœopathic Pharmacopœia makes no mention of this plant, and the *National Dispensatory* (fifth edition) devotes little space to its consideration, but crediting it as having cured gravel, urinary disorders; also used in dyspeptic and especially hepatic troubles.

Dr. Ramirez, of Valparaiso, Chili, says its action very closely resembles that of terebinthinata, balsamic, and other remedies that impregnate the urine, and either heal or protect the mucous lining of the urinary passages.

I desire to bring before you the clinical indications of this useful remedy, as observed in several cases of vesical catarrh, and especially that peculiarly stubborn malady—suppuration in the neck of the bladder. Although custom has long established the precedent for this term, it has no real anatomical existence. Prostatic urethra being more accurate and descriptive.

It is not the object of this paper to attempt an *in extenso* description of the ætiology, pathology, and symptoms of a lesion so generally understood; the large percentage of these cases are post-gonorrhœal, and it is to the resulting complication of progressive strictures that I am indebted for the following deductions.

Whom of my hearers has not been puzzled, baffled, and finally had some of these intractable subjects pass out of his hands, not always with regret I imagine, to make the rounds of his *confrères*, to be ameliorated and occasionally benefited by careful dilatation, followed by irrigation, but not infrequently concentric hypertrophy of the bladder the ultimate condition, with extension, perhaps, of septic matter to the kidneys through the ureters, and multiple renal abscesses or nephritis, removing the unfortunate, and relieving the discouraged physician from further worry.

It is under just such unfavorable conditions that *fabiana* will come to the rescue, exert its inherent powers of controlling and modifying the lesion, giving the necessary respite for mechanical and local adjuvants to further the cure.

The symptoms seemingly characteristic of the drug are the following, viz.: Frequent micturition, painful tenesmus, with anxiety, fever, probably in most cases from septic poisoning, and the resulting concomitants, anorexia, emaciation, and exhaustion. Urine albuminous, with a varying amount of pus and blood as sediment, with epithelium and occasionally hyaline casts. The denuded surfaces of the bladder coming in apposition, thereby chafing and galling the membrane, are a constant source of stimuli to painful contraction of the walls, and causing progressive hypertrophy.

From a series of several cases treated with *fabiana*, I have selected two typical ones which seem to best illustrate the clinical indications of the drug.

Mr. F., 53 years of age, sanguine temperament, well nourished, and of excellent family history. Developed strictures of the prostatic urethra twenty-five years before. Treated at this time by dilatation, which seemed to give permanent relief. At rare intervals had an occasional sound passed. About a year before he came under my care, he began to feel vague discomfort, manifested by slight tenesmus, frequent micturition, and backache. These symptoms gradually becoming markedly accentuated, bringing in their train secondary conditions, such as headache, loss of appetite, emaciation, and sweats. Before he came under my observation the strictures had been thoroughly dilated, but only with the result of aggravating his sufferings. The tenesmus was very distressing, causing urination at times as often as every twenty minutes; chill would be followed by fever (102° to 104°), and sweat. Tongue heavily coated, dull and sleepy at times, but tenesmus allowing little repose. Urine cloudy when passed, and at this time one-third sediment by bulk on standing. Sediment largely pus, with uric acid, calcium oxalates, epithelium, shreds of albuminous coagula, and an occasional hyaline cast. Albumin ranging from 0.1 per cent. to 1 per cent, irrigation with various antiseptics, and astringent washes gave some palliation and temporary benefit. Peroxide of hydrogen, mercuric chloride, and a five per cent. solution of silver nitrate were used in order named without decided results. The bladder at this time held five ounces when filled to its apparent capacity.

The most carefully selected remedies homœopathic to the symptoms gave little if any relief.

Having used *fabiana* in vesical irritations of a milder nature and being somewhat familiar with its soothing effects on the mucous membrane of the urinary tract, I concluded to try it in this case, hoping it might at least give temporary relief until irrigation had controlled the suppuration, thus relieving the spasm of the bladder. The selection proved a happy choice for the patient, from the first ingesta of the remedy, the gnawing pain and distressing tenesmus ceased, for the only time entirely in months, and has never returned. A comparatively speedy convalescence followed, the irrigation with boracic acid solution being kept up until the bladder held sixteen ounces. The pus and albumin entirely disappeared after the third week, and for nearly two years he has enjoyed good health.

Case No. 2 was of a much more active type. Mr. D., æt. 42 years, always enjoyed good health, came to me suffering from suppuration of the prostatic urethra, sequelæ of post-gonorrhœal stricture, several years' standing, but aggravated and excited by an attack of specific urethritis eight months previous. The patient presented the following condition, viz., emaciation and great prostration, frequent chill followed by high fever— 105.5° —and profuse exhaustive sweating. Pulse feeble, weak and rapid, micturition frequent, with painful tenesmus, urine smoky, dark red color, with much grayish sediment and increased in quantity. Albumin ranging from 0.5 per cent. to 1 per cent., increased phosphates, sediment mostly blood and pus, with epithelium and shreds of albuminous matter, streptococci very abundant.

Fabiana, with thorough dilatation of stricture and antiseptic washes, cleared up this case after the usual remedial and mechanical methods had been carefully tried without benefit. The pus was slower in disappearing from the urine in this case, probably due to unusual numbers of micro-organisms developed from the mucous surfaces involved.

These two cases seem to be typical illustrations of the curative action of this valuable remedy, presenting interesting phases of its curative power. Both giving the same general characteristics and organic changes, differing, however, in extent and degree. One an active inflammatory variety, the other a progressive chronic lesion.

The first of a slow, insidious development, with gradual vesical hypertrophy, until suddenly an aggressive lesion awakened the sufferer from unconscious apathy to a realization of some serious trouble. The second active, pronounced, with rapid destruction of tissue, reaching the extent of a decided septic fever, bordering upon septicæmia; neither seemed relieved or controlled by the medicinal, mechanical or local treatment modern methods had to offer.

Fabiana has given good service in my hands in vesical catarrh, subacute cystitis and specific urethritis after the active inflammation has subsided, especially those cases which do not react well and have a tendency to run into chronic gleet.

Is it not worthy of a more extensive analysis and a thorough proving? I believe its curative effects are due to its homœopathic application and not to its diuretic action or protective palliation of the mucous surfaces; as it was exhibited in above cases in doses much below that necessary to produce physiological action, namely, from five to ten drops of the first dilution three or four times a day.

However, the crucial test of time and experience must have its crystallizing influence, to reinforce and verify this crude exposition of its virtues, and the accumulated testimony of these peculiar sufferers, find for the remedy its true value in our armamentarium.

A CASE OF ACUTE YELLOW ATROPHY IN A CHILD.—Dr. Fr. Merkel reports the case of a boy of six years who, together with two other boys, ate two unripe apples. His comrades remained unaffected, but this patient was seized with icterus, and passed through the classical course of acute yellow atrophy of the liver. The father suffers from spastic spinal paralysis, and the mother has aborted several times, so that a syphilitic element is seemingly present in the case. In the second stage, there was an entire absence of fever. With the appearance of nervous symptoms, the prognosis was decidedly dubious. Treatment was limited to rectal injections, baths, and wet packs. The necropsy and microscopical examination confirmed the diagnosis.—*Centralblatt fuer Medizinischen Wissenschaften*, No. 5, 1895.

ON THE SYMPTOMATOLOGY OF PERIPHERAL FACIAL PARALYSIS.—Dr. L. Mann doubts the absoluteness of the law set forth by Gowers with regard to the diagnosis of peripheral facial paralysis; when the orbicular muscle of the lips is normal and all the other muscles supplied by the facial nerve are paralysed the lesion is situated in the nucleus of this nerve. He has collected a goodly amount of material, both from his practice and from the clinic of Prof. Mendel, which go to disprove this rule, for in peripheral variety, while all the muscles of the face are affected, the orbicularis of the mouth or eye may be spared, or the elevator superioris labii as well.—*Lo Sperimentale*, No. 4, 1895.





HAHNEMANN THE SCHOLAR.

BY J. H. MCCLELLAND, M.D., PITTSBURGH, PA.

(Sentiment answered at the New England Hahnemann Association.)

THE sentiment expressed in this toast commends itself to a community where intelligence and learning are a guarantee of favor and fame. To respond to it fittingly would invite the age past and present to look in upon us in a very peculiar sense. *For*, in the celebration of the scholarship of the Immortal Founder of Scientific Medicine, the whole round century has but one voice. And it speaks with no uncertainty. Let *Justice* poise the scales of scholarship. In one side let there be placed all that is required of him who by sternest right would stand in the ranks of learning and erudition. Let there be placed on the other side the intellect, with its culture and triumphs, of Samuel Hahnemann, and the result will be as certain as it is destined to be historical. For the sake of science and history, mankind should *speedily* bring hither its severest standards.

What are the attributes of scholarship?

The first essential element of scholarship is, of course, learning. But the scholar must possess the power of both analysis and synthesis—not only must facts be analyzed, but they must be re-combined. It is not sufficient to omnivorously devour learning; there must be a recreative and constructive ability. There must be the ability to perceive truth in knowledge, and this Hahnemann possessed to a mighty degree.

Let us examine upon what our claims of scholarship for Hahnemann really rest.

We laud Descartes, who, in a later day, displayed such keen perception in other special fields of knowledge. Greater claims has the scholarship of Hahnemann. He was keener than the Cullens and the Hufelands, who were his contemporaries. He found a universe of knowledge hidden in the facts displayed by Hippocrates and Galen. They discovered many single facts, but failed in their generalizations. Hahnemann coming along the same highway trodden hard by the professional tread of many generations, *picked* the grains of truth from the dust, and

recognized the greatness of their value. If insight into, if prompt recognition and keen perception of truth be essential to scholarship, Hahnemann was an incomparable scholar.

Scarcely in any man was this more exemplified than in Samuel Hahnemann. The boy was father to the man. At twelve he had mastered Hebrew. At twenty he commanded eight languages. At thirty his eminence in the natural sciences was undisputed. German scholarship honored his triumphs in the domain of chemistry. If he translated twenty-four works from the English, French, Italian, Latin, Greek, and Arabic on almost every conceivable theme of human knowledge, he added comments which history says often were more valuable than the text of the author. Which is to say, that he gave an increment of his scholarship to that already set forth.

He wrote more than 70 works on chemistry and medicine. He conducted an immense practice, resulting in more than one fortune. He relaxed at no time his studies in the classics and comparative philology; while botany, astronomy, meteorology, and geography he made constant contributors to his learning. His industry and power for work were marvelous. In short, he was a scholar of the highest type, for he was a genius. Talent sees, often aspires, but lacks the energy to attain their agonies of despair. This genius has. This Hahnemann had to an eminent degree. He worked under an impulse which ages of tradition could not restrain. It begat within him a sympathy with the highest philosophical form and thought. He loved Aristotle. He prized the inductive methods of Bacon. He had the constructive methods of Newton. To him nothing was small. A little fact gave a key to volumes of truth. He found Ariadne's thread in cinchona bark, and brought medicine to the light of rationalism. Hippocrates said: "The colic-producing hellebore will cure colic." Hahnemann found in it the underlying principle of all drug action, and said, "*Like cures like.*" If quicksilver acquired new powers by trituration with chalk, Hahnemann asked why is not this true of all drugs? He said, to obtain a knowledge of drugs they must be tested on healthy human beings; and thus he went on creating generalizations from single established facts. He harnessed knowledge not to Phœbus's chariots, for use in the clouds, but to the serviceable vehicles of practical life. The object of medicine,

he said, is to heal disease. To this great end he swept the wide range of learning.

Now, ladies and gentlemen, when we see a man of such great versatility, wide and copious erudition, displaying an intellectual prowess qualifying him for honor and preferment, every highway of science to him a familiar and beaten path, superior to the errors of his day, pioneering through enmity and conflict the incoming of a new and higher era, devoted to truth, and heralding it with a constancy that contemplated only human welfare—when a full century testifies to the power of that truth by turning from its false methods and owning the errors he condemned, when to learning we see added devotion and sacrifice, we behold a life formed of the stuff of which the world's scholars, nay, its worthies and heroes are made—deserving to rank with the greatest of them all.

Let there then be erected at the national capital a memorial drawn upon the lines of the classic Greek. Let this beautiful piece of Grecian architecture overshadow the figure of a scholar in a scholar's gown. Over it all let there be inscribed the name of that immortal scholar, SAMUEL HAHNEMANN.

NOTES ON PECULIAR MENTAL CONDITIONS.

BY C. SPENCER KINNEY, M.D., MIDDLETOWN, N. Y.

(Presented to the Homœopathic Medical Society of the State of New York, February, 1895.)

THE following unique cases are presented for the consideration of the Society, as the psychical changes here noted came under my immediate observation.

CASE I.—For a number of years G., aged 28, had been a periodical drinker, at which times he had not hesitated to take anything containing alcohol, going so far as to be wholly content with commercial alcohol as long as there was enough of it. He possessed a remarkable physique, with a very even commingling of bilious, nervous, and phlegmatic temperaments. He was well educated, had travelled considerably, and the effects of his frequent debauches had produced no apparent degenerative results. He was an accountant, and capable of

occupying a good position. At no time had he shown any especial mental symptoms. There had been no insanity in his family, and his drinking had become an acquired habit rather than a disease. The attacks of drinking varied from intervals of a week to several months.

The instance which I have to mention in his case arose at a time when he had been for some days without drinking at all, and was in excellent physical condition. While out of doors and walking briskly, and in exuberant spirits, he suddenly heard some unfortunate news—news that affected him personally. As soon as he was able to appreciate the importance of the information and its bearing upon his future, he suddenly took on all the appearance, actions, and helplessness of a drunken man. He staggered in his gait, stammered, stuttered, and mouthed his speech. The expression of his face changed to a sottish cast, his eyes became suffused, and he needed the assistance of a friend to make his way along the street. This continued for over half an hour before it passed off and he was able to collect himself.

I had never seen an instance of this kind before, and although fifteen years have passed since this case came under my observation, I have never seen its counterpart.

Four years ago last October I presented a short paper to the Homœopathic Medical Society of the State of New York on "Alcoholic Trance." Since that time I have met a number of instances of this peculiar condition, and one of which I was fortunate enough to be present at the transition from the trance state to one in which he became appreciative of his surroundings.

No. 4131; age, 27; married; occupation, laborer; predisposed by inheritance to insanity; assimilative powers weak, and his general appearance showing a lack of harmonious development; was admitted to the Middletown State Homœopathic Hospital May 9, 1894. His friends state that during the past twelve years he has had times when he would suddenly leave his work and home and be absent a week or two without either knowing his whereabouts or, on his return home, being able to give any account of where he had been or what he had been doing previous to the time of regaining consciousness. He had used tobacco freely and had drank occasionally, but never to

any great degree, although easily influenced by either one of these two agents. The death of his mother brought on a depression of spirits that was followed by a condition of excitement in which his friends became alarmed. Suicidal tendencies developed, and, for safe keeping, he was placed in the jail, when one of our nurses was sent for him. From the time the nurse saw him until he reached the hospital, a period probably embracing thirty minutes, the patient was continually talking to the nurse about fighting, and telling what he could do. He showed considerable irritation because the nurse would not fight with him, and called him many names.

I happened to be on the ward when the patient came, and on attempting to talk with him he showed irritation, and was overbearing in his manner without any apparent reason. Finally, I asked him if he would not sit down and talk the matter over quietly. He consented, although no change occurred in his general style of acting until he stopped suddenly, pressed his hand to the back of his neck, and, looking about him with some degree of interest, said, "Where am I?" I asked him where he thought he was. He said, "In some hotel." On being told the character of the place he quickly answered, "Why my brother was employed here for some time," which was true. With this his manner completely changed; he was pleasant, exerting good self-control, showed no trace of his recent irritation, and had no memory of anything that had occurred directly previous to his coming here or of his great desire to quarrel with the nurse who accompanied him to the hospital. From that time until he was discharged, several months after, he presented no symptoms not to be found in a case of ordinary melancholia. How long he had been in this trance state he did not know, nor could any facts be gained from his friends that would point to any clue, although the duration of the time in which he was said to have been sick was given as one month previous to his admission.

The peculiarities of this trance condition have struck the novelist as being an unexplored mine. An article in the *Cosmopolitan* for February, 1894, entitled, "The Disappearance Syndicate," by T. C. Crawford, and another article, "People Who Drop Out of Sight," written by Dr. E. A. Osborne, in the *Medico-Legal Journal* for June, 1894, are worthy of careful consideration.

The next case is one of somnambulism that has some peculiar features. This patient was a strong, athletic young man of 21; single; occupation, law student; of good education and habits, and with no insanity in his family history. On his admission, his pupils were somewhat dilated, bowels inclined to constipation, had a good appetite, was coherent in his speech, feeling in good spirits, and gave the following history: In July, 1893, he with a party of several others, rode to Washington, D. C., on their bicycles. One day during their journey the party covered about 120 miles over quite a rough road. They rode in and about Washington, and returned to Brooklyn on the cars. The patient rode from Hackensack, N. J., to Middletown on a very warm day and suffering from a sharp attack of diarrhoea. He felt weak on reaching home, as well as on the following day, but immediately resumed work. At no time during his trip was he conscious of being overcome by the heat, although he had exercised violently several consecutive days, riding from six in the morning until ten at night, with only an occasional stop during this time. About two weeks after his return home he began having headaches. They came on in the morning on getting up, and continued until about five in the afternoon. The pain began in the forehead, extended over into the back of the head and neck and was throbbing in its character. When the headaches prevailed, the patient had no appetite and occasionally had water-brash. They came at irregular intervals, occasionally coming on every day for two or three days and then skipping a week or two. Nothing seemed to aggravate them during the day. Following this condition came frequent attacks of somnambulism, in which he would dress in his bicycle suit, and at other times would not dress at all, and taking his wheel, would ride about town and into the country, usually meeting with some accident that would awaken him. These accidents generally resulted from his being unable to use the same degree of judgment when in this trance-like condition that he would exercise when awake. One night in August, 1893, he got up and, dressed only in his undershirt, rode his wheel out of town, down a steep hill, and woke up lying on his back, with his head on the edge of a pond of water and his wheel about thirty feet distant. His fall awakened him. At another time he woke up and found himself suspended in the air, by his shirt, from the limb of a pear-tree in his father's yard.

Whether he had fallen from the roof of the house or whether he was trying to get onto the roof, he has no way of knowing. At other times he has gotten up and gone to the office at which he was employed during the day, filled out a copy of service, and had the same correct, although not remembering anything about it afterwards. One day he worked hard in the settling up of the accounts of an estate, and found that he was unable to draw a balance. He was, at last, obliged to give it up for the day. The next morning, on returning to the office early, he found the balance correctly drawn, and an error corrected that he had repeatedly overlooked the previous day. These experiences gave rise to his facetiously remarking, "I guess I am smarter when I am asleep than when I am awake."

These experiences simply illustrate what the patient has gone through during the past eight months, bicycle riding and office work being the things he indulges in during these attacks of sleep-walking. The patient has no memory, when he comes to himself, of what he has done during these intervals. The attacks, he claims, leave him with a sensation of exhaustion that he carries with him the next day. At times objects appear as if they were a long distance from him. His first night's record was a counterpart of many nights. His room-mate stated that he got up three times. Once he jumped out of bed suddenly and banged into the door of his room, which was locked, and bumped his head against it so suddenly that it awakened him. Another time he ran against the wardrobe and wall with so much force that he woke up. The third time he tumbled over his room-mate and his bed, which also awakened him. He returned to his bed each time with no serious results from the attacks.

As an illustration of what he would do when asleep, I present the following as coming directly under observation. As a rule, he went to sleep almost immediately on going to bed. At a quarter past nine I found him up and walking about his room, talking as if he were speaking to some one at the telephone. He carried out his part of the conversation quickly and in a spirited manner, correcting himself on making mistakes. His mind appeared to dwell wholly upon business relating to the office he had been working in. Every effort that was made to awaken him was met by him with violence—striking or push-

ing. He could be lifted about or pinched, called to, shaken, and cheek slapped, with no result so far as getting him awake. The fumes of ammonia were placed under his nose, when he suddenly came to, bright and with perfect control of his faculties. The patient said he had no memory of what he had been saying, nor did he know he had been talking. Another night he jumped up on the top of his wardrobe, where he sat with an open umbrella over his head, and talked rapidly and incoherently for some time, until he was rescued from his perilous position and put to bed. It was found that any excitement during the day induced a disturbed night, consequently every effort was made to have him lead as quiet and uneventful a life as possible. Company was avoided, attendance on dances and witnessing ball games were prohibited, and no exposure to the hot sun was allowed.

Another instance, peculiar in its character, occurred on the evening of June 10th. While sitting on a balcony, talking in a lively manner with some of his fellow-patients, the chair in which he was sitting slipped on the floor and he fell, striking the back of his head with considerable force. He was at once picked up, and was found to be sound asleep, was taken to his room and efforts made to awaken him, which were met with the usual resistance. On being awakened he complained of pain in the back of his head, and hot water was applied, but almost immediately he went to sleep, and continued asleep until morning. Each morning it was found necessary to awaken him, although it was a less difficult matter than when he was in one of his somnambulistic states. On August 7, 1894, there had been a gradual improvement in his physical and mental condition, without any essential change in the character of his attacks, although they appeared to be less in degree. On the 7th he complained of a headache, that he described as a sharp, hard, frontal headache, and after a careful study of the symptoms it was decided to give him *natrum muriaticum*, which was given in the 30th potency every three hours. From the time he began taking this remedy his symptoms lessened in severity, his sleep became more restful and he woke in the morning of his own accord, free from all headache and with good self-control, was more hopeful regarding his case and, in an indescribable manner, felt better than he had since his sickness began.

On September 20, 1894, he was paroled, and his parole has been renewed from time to time in order that we might keep his case under observation; he reporting at the hospital every three or four weeks. On November 9, 1894, he returned and made the following statement: "Before I began being disturbed in my sleep I was passionately fond of music, both instrumental and vocal. During the last few months while under medical treatment I have refrained from having anything to do with music, even to the giving up of playing on my banjo. Since I have been away from the institution on parole, I have found myself unable to listen to a combination of instrumental and vocal music. The vocal music having the effect of making me nervous and restless to the extent that I have been unable to remain in the room or house, or in fact within hearing of it. Instrumental music does not seem to affect me in the way that both combined do. Several times a severe headache has been induced by listening for a short time to music, I at first believing that such an effect could not be produced, and it is only after repeated trials that I have become convinced that the above is the case." (On February 9, 1892, I presented a short article to the New York State Society on "The Influence of Music on the Insane," touching this peculiarity.)

While directly under our observation every effort was made to prevent his being subjected to any emotional strain, and he was cautioned to lead as much of a vegetative existence as possible. While here, previous to the *natrum muriaticum*, he had *aconite*, *belladonna* and, for a while, five drops of the tincture of *cimicifuga rac.* every night on going to bed. This seemed to give marked relief, and lessened the intensity of his headaches. While he is still under observation it is not likely that he can, with any degree of safety to himself, take up any intellectual brain work for, at least, a year.

The next case mentioned was reported by Dr. Talcott at the annual meeting of the Medical Superintendents of the American Institutions for the Insane, held at Old Point Comfort, Va., May 18, 1888. No. 2207 was admitted to the Middletown State Homœopathic Hospital November 17, 1887. This patient was a male; single; age, 18; occupation, laborer; education, common school; habits, temperate, and no record of insanity in the family. When admitted he was in good physical condi-

tion, and his history declared that down to the date of his injury he had been a bright boy. During the past year he had been trying to earn his own living; part of the time keeping books, and part of the time working on a farm in Westchester county.

On the 8th of October, about six weeks previous to his admission to the hospital, while standing on the top of a ladder, twenty-six feet in length, picking apples from a tree, the ladder broke and he fell to the ground, striking on the back of his head. He was carried into the house unconscious, and remained so for several hours. He remained in bed only one day. A few days after the accident he returned to his home in Delaware county. From the date of his accident to the time of his admission, he is said to have spoken but two or three words. He could not speak when admitted; but during his entire illness he was able to comprehend questions written upon paper, and would answer these questions readily and rationally in writing. In his written replies he states that all spoken words sound like noises to him, but have no meaning. He could hear a low tone of voice but not a whisper. In writing answers to questions he does so quickly, and shows a clear comprehension. He asks questions intelligently by writing, and says that he has a dull, steady pain from the base of the brain down the spine to the small of his back, and this pain is aggravated by any sudden jar. On examination, the spine from the first lumbar vertebra to the skull was found to be very sensitive to touch and pressure. He says that exercise does not tire him, and he has for several weeks been allowed to do as he pleased. He has spent much of his time out of doors playing with a large Newfoundland dog, to which he became much attached, and which attended him when he came to the hospital.

On the 13th of November he became much enraged at his mother, who would not grant some request he made, and he flourished a long knife and tried to injure her. On being shut up in a room, he broke the door and was very violent. His friends then had him committed to the hospital at Middletown, where he arrived November 17, 1887. When admitted his pupils were normal in size, and the reaction was natural. The tongue was clean and firm, with no muscular tremor. The pulse was 78; the temperature was 98.4° F. The patient weighed

150 pounds, and seemed generally in a good physical state. He had a good appetite, slept well at night, stated in writing that the pain in his head had ceased; and he deported himself like a bright, good-natured, active boy. But he could not hear distinctly, and he could not speak at all, although apparently comprehending everything that was written and placed before him.

Here was a case of motor aphasia or aphemia (can write but cannot speak), resulting from a blow upon the head, with occasional attacks of maniacal excitement; the excitement being displayed by restlessness and ebullitions of rage, without any ability to give articulate utterance to his emotions or passions. Although the patient had been allowed to walk about as much as he pleased for nearly six weeks, we concluded it would be better for him to remain quiet. Consequently we placed him in bed and kept him there.

November 19th.—Writes on paper that he caught cold last night, and when he coughs it hurts his head. On the 23d, about 9 A.M., he wrote on a slip of paper "headache," and gave it to the attendant. About 11 A.M. the pain in the head had increased, and at 11.30 A.M. he was rocking backward and forward in bed with both hands pressed tightly against his head, one being over the forehead, the other over the occiput and upon the seat of the injury. His face was flushed, pupils dilated, and the eyes deeply injected. While I was noting these symptoms, he suddenly removed his hands from his head, looked up like a person awakening from sleep, gazed about the room in an inquiring manner, turned to the window, looked out for a moment, then suddenly turning to me said, "Where in the devil am I?" These were the first coherent words uttered since the injury. This patient's mind went back to normal position with a snap, so to speak, just as a dislocated bone returns to its socket when it is "set" by a surgeon. On being asked if he did not know where he was, he said, "Not in the least. I know I was picking apples when the ladder broke and I fell, striking on the back of my head. Oh, how it hurt! On being told that it was some weeks since the accident and that he was in a hospital, he said, "Why, that was on the 8th of October; what day of the month is it now?" On being told that it was the 23d of November, he replied, "To-morrow will

be Thanksgiving Day; a lunatic asylum is a queer place to pass Thanksgiving Day." When told that he had not spoken before since coming to the asylum, he said, "I must have been good company!" On questioning him, he declared that he had no memory of anything that had taken place since his fall from the ladder. For six weeks time had been a blank to him. He had become well acquainted with me since his admission to the hospital and always recognized me pleasantly on the morning visits. On the morning mentioned he had anticipated my coming with hopes of obtaining relief from his headache. A moment before he became conscious of where he was he knew me and the circumstances connected with our acquaintance; the instant he regained his normal state of mind I was a stranger to him and he knew nothing of me.

After he began to talk his headache lessened. He was kept quietly in bed and given hot milk and beef tea every three hours. The headache and tenderness along the spine soon passed away, and no symptoms of brain or mind trouble returned.

He remained at the hospital under observation until the 27th of February, 1888, when he went home in excellent physical and mental condition. While his memory was dislocated from October 8th to November 23d, he could, after the later date, remember distinctly all the previous experiences of his life and all new experiences; but he could never recall any incident that occurred between the dates just mentioned.

SALPINGITIS.

BY THEODORE J. GRAMM, M.D., PHILADELPHIA.

(Read before the Homoeopathic Medical Society, County of Philadelphia.)

It is probably superfluous to preface a paper on salpingitis before this Society with the remark that this disease was formerly included under the terms parametritis and pelvic cellulitis. The pathology of these conditions has ever been vague and unsatisfactory; and while these views have long ago been shown by anatomical research to be fallacious, the more recent

advances in pelvic surgery and the application of the antiseptic method have clearly demonstrated the old views to be entirely erroneous, and they are rightly almost universally abandoned. Occasionally, however, in certain unexpected quarters, one does hear of the old pathology now no longer tenable, and the aid of the microscope is invoked to demonstrate that there *is* cellular tissue in the pelvis which, of course, it cannot be denied, may and does, under certain properly considered exceptional circumstances, become the seat of inflammation and even of pus formation.

But this disease-process is rare, and is not to be compared in frequency with inflammation and its mode of extension as it occurs in the tube. This corrected pathology of inflammations in the pelvis, as they are now known to occur, marks a bright era in surgery, with which will ever be intimately associated the names of illustrious men in Germany, in England, and in America. As a result of their investigations, many lives are now saved, and many women otherwise condemned to lead a miserable existence of chronic invalidism may now have their condition materially benefited, who formerly were doomed to die a horrible death of *peritonitis*, as it was said.

Omitting for the present any historical consideration of the subject, I invite your attention to some facts concerning salpingitis, as the disease is now known to occur, and which are capable of demonstration in innumerable abdominal sections performed in many operating-rooms. Above all, it is essential to have some clearer ideas of the minute anatomy of the Fallopian tube than are commonly entertained, and for that purpose I append, without any minute description, a photomicrograph of what may be considered a practically normal Fallopian tube, sected through the ampulla, from a woman about thirty years old. I am led to do so particularly because of the fact that there are so many absolutely false representations of the normal tube given in the text-books, and until quite recently I have seen but few which approach in correctness the appearances which the microscope reveals, and which the processes of photography, applied to microscopy, may be readily made to depict most accurately. In this photograph it will be seen that the Fallopian tube is by no means a simple anatomical structure—by no means a simple conduit in which are a few

folds, like in the urethra, that are readily obliterated when the canal becomes distended. On the contrary, the inner lining of the tube is seen to be complex in arrangement, and the wonder is that inflammation ever subsides when once begun, or indeed that a body like an ovum ever safely traverses its length and escapes the numerous recesses in which it may become imprisoned. The frequent possibility of tubal pregnancy is here suggested.

Nor does the tube look like this photograph in its entire length, for at the infundibulum the folds are more numerous



Fallopian Tube. $\times 50$.

and broader, and pass on to correspond to the fimbriæ at the abdominal ostium. In the isthmus the folds are fewer in number, their arrangement much more simple, and the lumen of the tube here is indeed small.

The present pathology of salpingitis differs markedly from the old in the fact that pelvic inflammations are now capable of a rational explanation, and are divested of the vagueness and mystery which formerly surrounded *pelvic cellulitis*. It is now pretty accurately known that salpingitis is rarely a primary disease, but, as is now so often demonstrated, it is a disease secondary to inflammations originating in septic conditions which

previously affected the endometrium. These septic conditions causing endometritis may be various. Gonorrhœa, being usually a mixed infection, is a frequent cause, and for some time thought to be the most common cause; but there are others. The stem pessary has much to answer for, and the septic sound perhaps more. Intrauterine repositors being usually complicated in mechanism and therefore not capable of being readily cleaned, have no doubt originated many cases. Sepsis following uncleanly accouchement is probably the most important ætiological factor in the production of salpingitis, and in this respect outranks gonorrhœa. Statistics prove this, and many accurately observed cases will likewise verify this statement of their history. The difference which clean and unclean midwifery effects with reference to puerperal fever, a septic condition, is demonstrated by the reports from large lying-in hospitals. Abortion likewise is an important ætiological factor in salpingitis. This is true not so much because a physiological process is interfered with and interrupted, but because of the fact that abortions are rarely other than induced, and because of the startling means employed and the foul condition of instruments used.

From all of these causes endometritis results, and this endometritis is usually not a simple catarrhal process, but is highly septic in character. If left untreated or uncured for some time, so that much congestion and infiltration of the uterus results, the inflammation may extend into the cornua, through the small uterine ostium, and pass on into the length of the Fallopian tube.

Within the tube a series of curious and interesting changes results, whose examination is highly instructive. In the acute stage of inflammation the Fallopian tubes are found to be enlarged, thickened and greatly congested. In others, the plicæ are in the same condition, their swelling having effected a partial or complete closure of the lumen. On cutting the tube open longitudinally, the inner surface is seen to be covered with a gelatinous, muco-purulent secretion. At the fimbriæ, peritoneal inflammation is not long in commencing, and an exudation is thrown out whereby adhesive union takes place between the fimbriæ or with the ovary or any organ which happens to lie in contact with the inflamed tube. Under certain circum-

stances, when the inflammation is of a highly virulent type, no limiting adhesions or occlusion of the tube takes place, and the inflammatory products are poured out into the cavity of the peritonæum, and the patient may die within a few days, from septic peritonitis.

When this rapidly fatal termination does not occur, the inflammatory processes continue in a subacute or chronic stage, and the Fallopian tube becomes changed in size, in shape, and changed in its position in the pelvis and in its relation to neighboring organs.

The tube becomes enlarged by reason of the inflammatory swelling and congestion, and may be felt thickened and hard. This increase in size is not alone in its diameter, but likewise in its length. As this elongation progresses the tube becomes tortuous; for it is held on one margin by the tubo-ovarian ligament and by the meso-salpinx, by reason of which it may not extend indefinitely. In this manner, also, it burrows between the layers of the broad ligament, and here, as well as on its free surface, wherever a convolution occurs, union takes place, and the oviduct thereafter is veritably a tortuous canal.

Inflammatory deposits are not confined to the tube alone; for the broad ligament also becomes infiltrated and thickened, so that what was originally two layers of peritonæum having a small amount of cellular tissue interposed, is now a thickened and hard fold or mass of inflammatory tissue.

As the tube becomes thus thickened and enlarged, it also becomes heavy, and soon falls or rolls backward into the posterior part of the pelvis, folding over the broad ligament or covering the ovary, and uniting, by means of inflammatory exudation, to any organ with which it may be in contact.

In addition to these pathological changes, the most important one remains to be referred to, namely, occlusion of the tube. The fimbriæ of the abdominal ostium being continuations of the plicæ within the tube, likewise share in the inflammatory processes. Thereby they become much infiltrated and thickened and lie in contact. Inflammatory deposits on their surface may cause them to unite, and thus the tube become effectually sealed, or the fimbriæ may—and very often do—lie in contact with the ovary, and inflammation is transmitted to that organ. Union with the ovary thus frequently takes place,

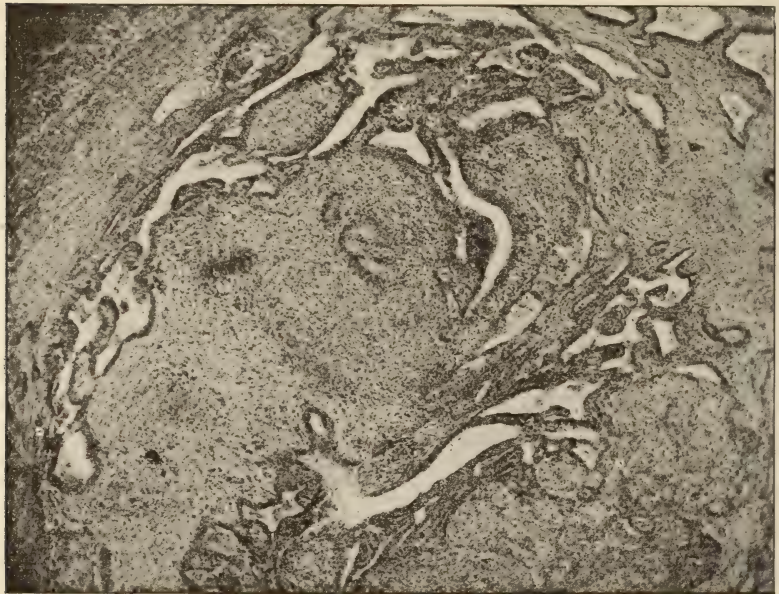
forming what has been aptly called a tubo-ovarian mass; that is to say, an inflamed, thickened, tortuous Fallopian tube, the infiltrated broad ligament and the ovary. An examination of a number of specimens, however, would indicate that these simple methods are not always those by which the tube becomes occluded. The fact is, that the fimbriæ are often found retracted within a ring of tissue which has united by its inner border and occluded the lumen. This effect is probably brought about, as suggested by Sutton, by the inflammation involving the muscular coat, in consequence of which it becomes lengthened and extends beyond the fimbriæ, and there contracts or is retracted by the shrinking fimbriæ, and finally unites and closes the tube.

While these changes are going on at the abdominal ostium of the tube, there are certain changes taking place within, which ultimately destroy its function as an oviduct. The tube has been greatly thickened by inflammation, and this thickening has been greatest in the inner or so-called mucous coat. The plicæ are swollen to many times their normal thickness, and are infiltrated by an enormous number of small cells. In many places the epithelial covering of the plicæ is lost, and their deeper structures thereby exposed, and lying in contact with others similarly affected, they unite, forming thereby long bands and masses of inflammatory tissue, which traverse the diameter of the tube and absolutely destroy its physical conformation and its function. These conditions are well shown in the accompanying photomicrographs.

In addition to these changes, there are others which have an important bearing upon the well-being of the woman. In consequence of the tortuous condition of the tube and of the swelling of the plicæ, in addition to the newly-formed inflammatory tissue which exists in the lumen, the tube becomes obstructed and drainage is no longer free. As a consequence, secretions are not discharged, but are retained, do further mischief, and bring about other pathological conditions. Should the tube be occluded, the secretions are retained, and the conditions of a retention-cyst or of a chronic abscess are brought about. The muco-purulent secretion continues to increase in quantity, and not finding an exit, distends the tube until, in some instances, it becomes a veritable abscess-cavity, and other tissue-changes

occur in the walls. These become thinned, and the plicæ of the tube become atrophied by pressure or the tissue of which they are formed becomes disintegrated.

The morphological history of tubal inflammation as thus far related does not end here. It were well if it did. But in addition there are other processes to be mentioned, which, indeed, give to a case of salpingitis many of its destructive characteristics. While these inflammatory processes are going on within the tube, there is always a certain amount of leaking of inflam-



Cross-section of the Fallopian tube through the ampulla. $\times 75$. At lower left-hand corner the wall of tube is seen. The plicæ have become transformed into masses of inflammatory tissue.

matory secretions into the peritoneal cavity. This excites inflammation there, and a right smart attack of peritonitis is often the result. Closure of the abdominal ostium of the tube is a slow process, and before it is effected finally, there is frequently a recurrence of this leaking into the peritoneal cavity, and peritonitis as a consequence. These recurrent attacks of peritonitis distinctively characterize salpingitis, and are the most important feature in its clinical history.

These attacks of peritonitis likewise effect pathological changes whose mode of production has long been misunder-

stood, and which transform the entire anatomy of the pelvic floor and of the pelvic contents. In the course of this peritoneal inflammation lymph is thrown out, which unites all contiguous folds of peritonæum covering the pelvic organs, and they thereby become united to others in the most startling and anomalous manner. The uterus becomes fixed in the pelvis either in an upright position or in retro- or latero-version. The ovaries often are glued to the sides of the pelvis or on its floor or behind the uterus; the tubes become imbedded in a mass of adhesions. Coils of intestines may become imprisoned in the pelvis, and the vermiform appendix has not a few times been found attached to one of the pelvic organs. It can readily be imagined that these violent perversions of anatomical position and relation combine to make the life of a woman suffering from them a miserable existence indeed.

The further changes which take place in a Fallopian tube thus inflamed form a most interesting study in gynæcological pathology, but these subjects, namely, pyosalpinx, hydrosalpinx, tubo-ovarian cyst and abscess and hæmatosalpinx cannot be further entered upon at present.

The symptoms from which a woman suffers who is affected by inflammation leading to the pathological conditions above described, are usually well marked, and, indeed, constitute a frequent clinical picture seen in the treatment of diseases peculiar to women. The patient usually has had a leucorrhœal discharge for some time, which has had its seasons of amelioration and of aggravation. She has had bearing-down pains, and more acute pain localized in each iliac region with much soreness in the abdomen, so that walking is painful and the abdomen exceedingly sensitive to pressure or a jar. The menstrual periods recur more frequently, last a longer time and the discharge is more profuse. Defecation is difficult and painful. Dysuria and frequent desire to urinate are usually present, and sexual intercourse is quite painful, and, therefore, avoided as much as possible.

The patient has not been sick very long before an attack of peritonitis confines her to bed for a variable length of time. After a certain amount of treatment and rest in bed a slow and imperfect recovery takes place. Under certain favorable circumstances an interval of comparative health intervenes, but

usually in the course of everyday life another attack of peritonitis sets in, which further complicates the case and leaves the woman more certainly an invalid. On examination per vaginum, a vaginal discharge, often purulent, is found. The cervix is inflamed and the uterus sensitive to pressure and fixed in the pelvis. The vaginal vault gives a peculiar sensation of hardness to the examining finger, "like a board," as has been said.

On palpating behind the uterus or on either side, a highly sensitive mass is felt, which appears hard from being fixed by adhesions, and yet is semi-fluctuating. This mass on one or on both sides is the pathologically altered ovary, Fallopian tube and broad ligament bound down or attached to other organs by inflammatory adhesions.

The treatment of salpingitis is to-day an important question in gynæcology. An understanding of the pathology of the disease I believe to be absolutely essential to its correct and rational treatment. Too often women suffering from this disease have been under the care of practitioners who have administered for a varying length of time a series of pet remedies, as a result of which the peritoneal inflammation is believed to have subsided, while they are unmindful of the fact explained in its pathology, that it is the natural course of this disease for the peritoneal inflammation to subside and to recur. I believe, on the other hand, that the correct treatment is essentially surgical.

Rest in bed is an important factor in the treatment. The administration of remedies which tend to reduce pelvic congestion and inflammation is certainly called for. The main treatment, however, should be such as is indicated by recent antiseptic surgery. Were this applied early with greater frequency it is certain that removal of the adnexa by surgical operative means would be less often called for.

Knowing, as we do, that these inflammations usually originate from septic conditions in the lower genital tract, it seems but rational that active treatment should be early directed toward rendering these parts aseptic and also removing septic foci, whenever such can be reached, thereby preventing extension of the disease or reinfection of deeper parts. These indications may be fulfilled by frequent or very frequent irrigation of the vagina with a cleansing or an antiseptic solution. In addition, the application of stimulating and alterative applica-

tions to the inflamed cervix and vaginal vault, followed by a vaginal tampon saturated with a solution of boro-glyceride, rapidly allays inflammation in these parts.

An important procedure, however, and one often effectual, especially if instituted in the early stages, consists in dilating the cervix and curetting the endometrium. After this has been done thoroughly, the cavity of the uterus should be irrigated with a mild, hot bichloride solution, and this again removed by irrigation with hot, normal salt solution or with plain water. The cavity of the uterus may then be packed with iodoform gauze and thereby drained and stimulated to produce a membrane less septic in its character. That this treatment is often beneficial will probably be attested by many operators and finds its explanation in the fact that the uterine ostium of the tube long remains unoccluded and is, therefore, encouraged to discharge the contents probably, and certainly no reinfection of the tube takes place after the uterine cavity is clean.

This treatment suggested is effectual after a length of time in the milder cases or in the earlier stages of the disease. Unfortunately, it is not to be depended upon in many cases, and then the question of operative surgical interference arises. This question should be honestly met. All conscientious men will agree that abdominal section is *not* a procedure to be rashly determined upon, and, on the other hand, no physician who makes any pretence to conscientiousness should refrain from advising abdominal section in many of these cases. The operation of opening the abdomen for inflammations of the Fallopian tube has recently been called in question by some very eminent abdominal surgeons, and the charge of rashness in operating is again heard. In view of the complications which may attend abdominal section, and the fact that after operations patients are often not in absolutely perfect health, will probably ever at certain intervals of time bring up for debate and reconsideration the indications for operating. In order that we may be aided in our discussion on this subject this evening, I have dwelt mainly on the pathological changes effective in salpingitis, for too often in such debates those taking part seem to be entirely oblivious of the pathological changes effected in this disease and in its immediate consequences.

A case I operated is of interest in connection with this subject, as showing how cases of this disease may progress and terminate unfavorably when the proper treatment is too long deferred.

The patient was a young woman, whose history gave evidence of pelvic inflammation for a long time, during which she was under the care of a physician, who made light of her disease and probably treated it mainly by the use of opiates. I saw the case with Dr. Boilleau; but the patient refused our advice. Some months after that she fell into the hands of Dr. A. M. Barnes, who insisted upon her being operated at once, and the next day I saw her. The abdomen was moderately distended by an irregular mass in the pelvis, which was largest on the left side above. Vaginal examination showed the uterus to be almost extruded from the body by two masses in the pelvis.

Operation was determined upon, and was executed a few days thereafter. On opening the abdomen, dense adhesions were encountered everywhere; but, finally, a large mass was encountered, which, when incised, gave exit to more than a pint of stinking pus. I tried to determine the origin of the pus collection, but could not do so without making dangerous explorations into regions cut off from the pus collection, by inflammatory adhesions. Therefore, since the abdomen and the pelvis had been freed from the mass felt on previous examination, the abdomen was packed with iodoform gauze and the patient returned to bed. She made a singularly rapid recovery, but had a ventral fistula remaining.

About fifteen months thereafter the patient sickened in much the same way as before, and the abdomen was again distended by a large mass. I opened the abdomen again, and this time found the entire contents of the lower abdomen and pelvis adhering together in one mass. I separated adhesions, loosened coils of intestine and sought faithfully for a pus cavity without finding any. In three weeks the patient was about again; but my careful attempt to heal the fistula was not successful. It continued to discharge increasing quantities of pus; and in about six months' time the patient was an invalid again. At this time she became rapidly worse, and soon died. A post-mortem examination was made, and revealed a condition of

affairs interesting in the extreme. The fistula extended but a short distance. Deeper down in the abdomen peritoneal adhesions were encountered; but not nearly to the same extent as at the time of the operations. In going through these the pelvic floor was reached. Here the anatomy of structures was entirely unrecognizable by reason of the fact that they were everywhere honeycombed by purulent collections.

THE HOMŒOPATHIC TREATMENT OF GYNÆCOLOGICAL CASES.

BY B. F. BETTS, M.D., PHILADELPHIA, PA.

(An Address delivered in the Hahnemannian Club Course of Lectures.)

WHILST gynæcological surgery is necessary and is eminently efficient in many instances, we all recognize the necessity for homœopathic medication whenever the nature of the disease renders it possible for us to obtain therapeutic results; but to be able to define the scope and limitation of such treatment, we must compare the results with those obtained by surgical treatment in the most careful manner possible.

Experience gained from such careful observation is the only basis upon which any line of treatment can be decided, and in all cases our observations should follow a careful diagnosis, and the conclusions reached should conform to the best pathological knowledge available. I am most anxious that every facility should be afforded those earnest workers who diligently apply themselves to the development of our *materia medica* in this line of practice. Yet the whole fabric of our gynæcological pathology has been completely overturned within the past few years, and with the new light thrown upon the pelvic disorders of women, we can now see more clearly than ever before the obstacles to be overcome by medical treatment alone. With facilities afforded for the thorough diagnosis of these diseases, it is for the present generation to demonstrate the efficiency of our system of therapeutics. Let us hope that more attention may be paid to these subjects in the future, trusting that we may be able to prove the superiority of our system of treatment over other methods, in order that surgical

interference may be less frequently resorted to, if such a cure is possible.

It is the prevalent opinion that our materia medica is lacking in completeness in respect to the drug action of remedies upon the pelvic organs of women, for the reason that most of the drug provers were of the opposite sex, or that textural changes and functional disturbances in the female reproductive organs were not carefully noted during the provings.

While this is apparently the case, the defect may be overcome to a certain extent by the proper appreciation of the mental symptoms of the drug placed at our disposal, which are to be taken in connection with the general symptoms, and supplemented by clinical observations made upon the sick. Recognizing, as we do, the complexity of woman's nervous organism, and its intimate association with morbid changes in the reproductive sphere, we can appreciate the importance of a proper consideration of her mental phenomena as affording indications for the selection of the remedy. It is a well-known fact that uterine diseases change the temperament and disposition of the female in many instances, and to quote from the *Organon*, "As no so-called local malady arising from internal causes . . . can be thought of as being produced, . . . without the participation of all other sensitive and irritable parts of the body," we may expect this morbid picture developed by the disease to have impressed upon it an appreciable coloring from the tyranny exercised through the nervous system upon every part of the organism, even to the mental and intellectual sphere.

In order to illustrate a method by which such observations may add to our knowledge of the curative value of drugs, it seems proper that we should consider at this time some of the prominent mental and nervous symptoms of a few of the remedies found to be most useful in the treatment of gynecological cases.

With the clinical symptoms and the mental symptoms combined, we are often afforded valuable indications for the selection of the remedy, but in giving prominence to particular symptoms and conditions, we must remember that when these symptoms change or manifest themselves at different times during the course of the disease, those that are of most recent origin should claim our attention first, according to the homœo-

pathic method. For instance, the *chamomilla* patient may be calm and forbearing during the whole of the intermenstrual period, but when the agonizing pains of dysmenorrhœa set in, she becomes the most irritable, overbearing, and intolerant of women. The *pulsatilla* patient may be cross except when the mild, tearful disposition develops during the menstrual period. We all know the value of these indications when we find them present at the time we are called upon to prescribe, but of course we consider them in connection with other symptoms having reference mainly to the functional disturbances present in the reproductive organs. If we can add to this knowledge a proper conception of the influence of the drug in producing the pathological changes which might cause dysmenorrhœa, then we have in mind an idea of the genius of the remedy which is of so much importance to us in prescribing.

From a study of the pathogenesis of *actea racemosa*, we find prominent mental symptoms which are reliable guides to the selection of the remedy for many gynæcological cases. With these the menses are premature and profuse and attended with wandering pains in the back and around the hips, through the buttocks and with soreness in the hypogastric region—a mild form of dysmenorrhœa—frequently met with when the uterus is engorged and sensitive from some form of displacement, or as the result of a recent miscarriage or parturition from which the patient has not properly regained her health.

The important mental symptoms of *actea racemosa* are characterized by gloom and dejection, such as the patient recognizes as being entirely dependent upon her condition of health, and not due to extraneous circumstances, such as care, trouble, or fatigue. "I am so gloomy and depressed without any apparent cause," is a complaint frequently made by these patients. One patient complained of a sudden, unnatural, and unwarranted jealousy regarding her husband, who is one of the most devoted of men. There was a constant sanious discharge from an engorged uterus; pain in the vertex—some vertigo, and a "frightened feeling going all through her, with nausea and urging to stool." Her condition was such that she feared she would lose reason, which was another strong indication for the curative remedy.

The gloom and dejection of *actea* settles down upon the pa-

tient like a pall. This mental condition was noticed particularly by the female provers who developed the most pelvic symptoms, and is recorded as a feeling of depression and dullness, and was associated with profuse and painful menstruation. In almost all the provings of *actea* we find headache, affecting either the vertex or occiput, the localities in which headaches associated with uterine complications are mostly developed.

When the remedy has been administered upon these indications, the engorged uterus has diminished in size and become less sensitive. So that clinical observation has enabled us to reach the conclusion that the remedy is indicated when, with other symptoms obtained from provings, we have an enlarged, somewhat sensitive uterus to deal with, which is hyperæmic from displacement, cold douching or other causes not dependent upon tumors or malignant disease. In the early climacteric period *actea* will do good when the peculiar mental symptoms are present and the early and profuse menstruation occurs in consequence of some uterine displacement, or an engorgement without displacement, and not due to the development of a cancerous or other neoplastic growth.

The administration of *actea* 3x has to precede the application of a pessary in many instances when the organ is too sensitive to tolerate this form of a support. In such cases the worst that we can do for our patient is to force the sensitive organ into position and keep it there with a hard rubber pessary.

Displacements in themselves are of trivial importance except as they eventually lead to more serious trouble from uterine hyperæmia and pelvic hyperæsthesia. In the treatment of these cases we follow the homœopathic plan and pay attention to the last in the list of symptoms before the others of earlier origin are treated, hence we select the remedy from the symptoms of functional derangement in all parts of the body, and note the changed mental phenomena which are always developed late as an outgrowth from the pelvic condition. The elevation of the uterus from the floor of the pelvis by the application of a soft woollen tampon may be all that we can do in the way of effecting replacement at first, but after medication and careful hygienic treatment the organ becomes less heavy, less disposed to assume an abnormal position, and more tolerant of an instrument introduced to keep it in position, so that we are in this

way enabled at last to prevent a return of the same conditions again, yet the occasional removal of the pessary is still required, and we must rely upon medicine until normal conditions are more nearly attained, when perhaps, the instrument may be dispensed with altogether.

Pursuing the same course of observation with *Lilium tig.*, we find the remedy benefits those cases in which the texture of the uterus is firmer than where actea is required, and there is less sensitiveness in the organ, for the engorgement has lasted a long time, and hyperplasia has followed upon hyperæmia. The sentient nerves of the whole pelvis have become affected, however, and we have pelvic, rectal, and vesical tenesmus developed to a marked degree. Add to these symptoms, those of the mind and the intellectual sphere, and we have some clear indications for the selection of this remedy for gynæcological cases.

Lilium affects the frontal region, and interferes with the reasoning faculties. One of the lady provers went to Dr. Dunham, who was conducting the provings at the time, in order that she might give to him her symptoms verbally, as her mind was so confused she could not record them in writing. She was restless and could not sleep, and appeared to grow almost wild in the effort to keep quiet at night in order to secure some rest.

The depression of spirits caused by *lilium* is often associated with anxiety and apprehensiveness. They fear their symptoms indicate some serious internal malady, and it is difficult to convince them to the contrary. They have doubts of their salvation, and express themselves as though they were doomed to suffer to expiate their sins or those of the family.

They desire to weep from a feeling of irritation, or of something wrong in the pelvis and abdomen. The provers complained of being impelled to hurry, aimlessly, a symptom frequently met with in females suffering from uterine complaints. They can't sit down to sew without hurrying, hence, they accomplish but little. Much of the nervousness of *lilium tig.* is attended with mental and physical weakness; they have to hurry all the time, but they lack confidence in themselves to such an extent that they fail to accomplish that which they start off to compass. Restless weakness is one of the charac-

teristic conditions developed by *lilium tig.* The bladder-tone is weakened, and the urine has to be expelled frequently. Pain is not an unusual accompaniment; but this does not seem to be dependent upon the pressure of the fundus of the uterus against the viscus, but to the increased irritability of the bladder itself. There is a constant desire for stool, but with the effort only urine is voided.

The sensation as if everything would funnel through the vulva, gives rise to the feeling that they must press upon the vulva or hold up the abdominal wall for relief. This dragging sensation may extend, it is said, even from the shoulders, but it is more frequently complained of in the lower abdomen and pelvis. It is < by standing, and not entirely > by lying down.

The burning, cutting pain in the ovarian region is accompanied by the restless feelings already referred to, and the sub-cardiac or infra-mammary pain with palpitation of the heart are symptoms dependent upon ovarian irritation. Even the ovarian pain in the left side may be traced to reflex influences arising from some disease of the cervical portion of the uterus, such as a laceration or cervical catarrh.

Lilium tig. has not been found to benefit serious structural changes in the ovaries or tubes. In such cases, we still have to resort to surgical methods to effect a perfect cure; and even after their removal the pains continue, in many instances, for a long time unless treatment is instituted. Nerves form habits, like individuals, and it is often quite difficult to break up such habits in old chronic cases. It is, therefore, a mistake to suppose that the removal of the uterine appendages will speedily cure all suffering due to long-continued disease in this locality. It takes usually about one year for a woman to become entirely well, but *lilium tig.* 3x may assist us in bringing about a restoration to health, if it is indicated by the symptoms of the case. Another important remedy to consider in this connection is the *valerianate of zinc*.

Restlessness with nerve-fag from ovarian and uterine irritation are the important indications for the administration of this drug for gynaecological cases.

Long-continued anxiety, with loss of rest due to the care of sick children or household burdens, coupled with ovarian irritation, afford indications for the valerianate of zinc. The uterus

is hyperplastic and heavy—not very sensitive, but the ovaries are exquisitely tender.

The uterus and ovaries are often found low down in the pelvis or prolapsed from increased weight. There are colicky pains in the abdomen with a tendency to looseness in the bowels. The patient trembles from the least excitement, yet she does not feel chilly like the gelsemium patient.

She complains of a tired feeling in the brain as from over-study or brain exhaustion, so that thinking is difficult.

Her ideas seem confused and get mixed up. She can't sit down to converse with any one, especially a stranger, without feeling that she is upon a nervous strain continuously.

She can't even listen satisfactorily; it annoys her to hear others talking or to see her friends, yet she does not like to be alone.

The valerianate of zinc is a happy combination of two quite important remedies for females. The first, valeriana, acts upon the nerve centres characteristically and zincum acts upon the uterine organs as well as the brain and nervous system generally.

Prof. Guernsey says valerian patients have many of the aggravations of pulsa., but they have a different temperament. "They get *raving, tearing, swearing* mad." They have the evening aggravation like pulsatilla. The aggravation from being still and sleeplessness in the early part of the night like this remedy as well as the > from going into the open air. Zinc may be compared to a tonic for the nervous system, given to improve its nutrition. The zinc patient suffers from pain in the ovaries, which is confined to a space about the size of a silver dollar on either side. She sits and presses upon these parts with her hands whilst her feet are kept dangling and swinging or moving over the floor back and forth. She can't keep her feet still; they must be in motion all the time. Occasionally the feet and hands both keep moving with some apparent relief of the nervous phenomena. The picture the combination—the valerianate of zinc—presents, is that of a nervous, quick, fidgety woman, impulsive and impetuous, yet easily fagged out and weakened by the least excitement or the stimulating influence of wine, with aching and sensitive ovaries that burn like little hot balls in either side of the pelvis.

This remedy has given much satisfaction when administered in the 2d or 3d trituration. In this connection I am reminded of the good service *bromine* has rendered when patients complain of occasional attacks of sudden loss of consciousness more or less complete, so that they may fall to the ground without warning, resulting from uterine hyperplasia or some displacement during the child-bearing period. The attacks are not due to general anæmia, epilepsy or heart disease, and are not accompanied by pallor or any other marked change in the countenance or facial expression. Bromine 30 has been employed, as the alcoholic solution of bromine is not stable, therefore not reliable. The sudden relaxation and sinking to the ground associated with uterine hyperplasia, cured by bromine, is due to a temporary anæmia of the brain and spinal cord, very probably from vaso-motor irritation.

The experiments of Brown-Sequard, Menriot and Amory lead them to conclude that the bromides contract all the blood-vessels, producing anæmia of the brain and spinal cord, thus diminishing the excitability of these organs, hence the homœopathicity of the drug to the conditions cured. Other symptoms for which bromine may be given are dull pains in the left ovarian region with some increase in the size of the ovary associated with profuse and early menstruation as well as an indescribable, queer, ill feeling all over, making her low-spirited a few days before the catamenia comes on.

We may next learn the genius of the remedy—*gelsemium* in the treatment of gynæcological cases. Listlessness and languor are prominent mental symptoms found in the pathogenesis of this drug, an inability to think satisfactorily or fix the attention is a condition often associated with uterine disease. The remedy will be indicated when the sexual instinct has been misused, abused or overtaxed. There is a sense of weakness and fatigue felt throughout the whole body. The muscles feel relaxed, they do not respond to the will properly. There is headache in the occiput and perhaps vertigo. Headache at the time of the menses with blurred vision, nausea and vomiting. The headache is relieved after vomiting. Climacteric headaches are relieved by *gelsemium* if there is that sense of fatigue felt, that is so characteristic of this remedy. At the time of the menses there is pain shooting up the back and down the

legs. It will relieve ovarian sensitiveness accompanied by uterine hyperæmia from sexual excesses. Gelsemium, having more submissiveness, is a woman's remedy under such circumstances, whilst staphisagria, from developing the strong aggressive mood with physical weakness, is oftener indicated for males.

When we study the pathogenesis of *ignatia*, *moschus* and *asafœtida*, we find little to indicate their use for purely pelvic complaints. For the effects of emotional disturbances we know them to be most efficient therapeutic agents and as intercurrent remedies they may play an important part in bringing relief to many women suffering from hysterical symptoms.

Ignatia gives us symptoms rapidly alternating between hilarity and despondency which characterizes it as a pure nerve. Chagrin and grief are the emotional influences at work in such cases but they find no expression in words from the patient for she keeps all her feelings suppressed. Its only important influence gained from clinical observation in the treatment of gynæcological cases has been in the relief of hæmorrhoids with stitching pains running up the rectum from the anus associated with a tendency to prolapsus and uterine hyperæsthesia.

Tarantula is a remedy capable of curing uterine engorgement, with sensitive ovaries accompanied by sexual excitement and pain in the head of a constrictive character. Also burning pain extending throughout the pelvis with a sense of weight in this portion of the body, profuse menses, burning, smarting pain in the coccyx. The neuralgic pains in the pelvis extend to the sacrum and the spine. There is pruritus of the vulva, restlessness in the limbs and a soreness and bruised sensation extending over the whole body < from moving about.

Hydrastis has in its pathogenesis little to indicate its value in gynæcological practice, due, perhaps, to insufficient provings, but clinically it has developed a sphere of usefulness quite important in the treatment of endocervicitis, cervical hyperplasia and catarrhal conditions of the vaginal and uterine mucous membranes.

In glycerine it is applied topically to the cervix where hypertrophy and nodulation suggest the probability of an early cancerous infiltration. The menses are profuse and irregular, or

at the climacteric absent altogether, when there is considerable aching in the pelvic or sharp pains in the cervical region and continuous leucorrhœal discharge, with such an hyperæmia of the mucous membrane covering the cervix as to cause it to bleed easily—just such cases as require vaginal hysterectomy if relief is not soon afforded, and the diagnosis of non-malignancy reached by a marked improvement in the conditions, by our treatment, within a month or two. It is administered internally, at the same time that we apply it topically, for a constipated condition of the bowels, with a coated tongue, flatulent, abdominal distension, weak, “gone feeling” at the pit of the stomach and a mental condition characterized by lack of memory, debility, despondency and confusion of thought. It is pre-eminently indicated for the so-called scrofulous females suffering from the pelvic conditions already referred to, with cervical hyperplasia or erosion.

Collinsonia is another drug whose virtues have been developed less from provings than from clinical observation. It certainly deserves better treatment at the hands of physicians who might develop its pathogenesis more fully by instituting provings upon healthy females. For hæmorrhoidal troubles with constipation it has attained a reputation verified by experience where there is pain in the rectum at the stool something like the ignatia pain, but accompanied by more soreness and aching, with the passage of hard fecal masses after considerable straining. If dysmenorrhœa is an attendant or vulvar pruritis, with some swelling and dark redness of the parts, it will also be indicated; yet, as before remarked, we need more precise indications to guide us in the selection of this remedy.

We have in our materia medica a rich storehouse filled with material that should be put in order and made more available. The past generation did a herculean task in bringing it together. There is a duty devolving upon us that we continue the good work so ably begun.

HYPERTROPHY OF LUSCHKA'S TONSIL.—1. Snoring. 2. Loud breathing at night. 3. Restlessness. 4. Poor sleep with bad dreams. 5. Mouth breathing. 6. General debility. 7. Impairment of the voice. 8. Deafness. 9. Partial loss of the sense of smell.





THE HAHNEMANN MONUMENT (REAR VIEW).

THE FUTURE OF THE AMERICAN INSTITUTE.

BY E. M. HALF, M.D., CHICAGO, ILL.

As a member of the Institute for more than a quarter of a century, I suppose I am entitled to express my opinions of its present management and its future consequences. I am emphatic in my belief that a persistence in certain innovations will injure the future usefulness of the Institute.

The divisions of the Institute into Sections, composed of the various Bureaus, instead of increasing the interest in its proceedings, has just the contrary effect.

During the first ten or fifteen years of my membership, the most intense interest marked every meeting. At every session all the members present attended, and as the papers belonging to each Bureau were read, they were followed by earnest and healthy discussion, which was of great value to all. The older members will bear me out in the assertion that no such general interest has lately been manifested.

As it is now, after the opening address, the various sections meet in isolated meetings. The gynæcologists, the ophthalmologists, the surgeons, and the laryngologists meet by themselves and read their papers and discuss them, but the great majority of members who are not specialists are practically outsiders. They have no special interest in these sections, and therefore go out to enjoy views of the city, or on some excursion. They go home dissatisfied and often disgusted. They derive no particular benefit from the meeting. Many of the papers read before the sections are of great interest to the general practitioner. In fact, the most of them are written for that purpose; but instead of being listened to and discussed in a general meeting, they are often read before an array of nearly empty benches. When I served on the Bureau of *Materia Medica*, I was often chagrined and disappointed at the small attendance on the meetings of that section—a section which should be attended by every member present; for what practitioner, even if he be a specialist, is not vitally interested in *materia medica*?

It was just the same with clinical medicine. On one occa-

sion, when I was a member of that Bureau, there were not over twenty members in attendance when its papers were read.

What a travesty is this on the meetings of the Institute during the decade of 1870 and 1880. At the next meeting of the Institute the members should rise in their places in a full meeting and demand a return to the old method.

I will only allude to the disgraceful political wire-pulling, log-rolling, and intrigues which have, during the last decade, characterized every meeting of the Institute. Instead of electing some man noted for his high standing in the school, for his literary work, for his contributions to the science and art of medicine, or for his long and laborious career, the election of president has been characterized by methods that are on an equality with the scheming pot-house politicians. I protest also against the excursions, banquets, balls, rides, receptions, etc., which occur during the meeting of the Institute. They detract from the dignity and the interest in the Institute. If we must be entertained by the resident physicians, let these entertainments occur after the Institute has adjourned. Then the minds of the members will not be distracted from the real business of the meetings, which are not intended for sight-seeing, but for the purpose of increasing our knowledge of the art of healing.

One argument against a return of the old methods is, that it would be impossible to transact the business of all the bureaus. I do not think so. The sections have been greatly reduced in number, and could be still further reduced. Neurology should be merged into clinical medicine; diseases of the nose and throat with diseases of the eye and ear. Then, if the papers are limited to fifteen minutes, a session of four days, with the absence of excursions, receptions, etc., would give plenty of time.

DIPHTHERIA.

BY JAMES A. CARMICHAEL, M.D., NEW YORK.

HOMEOPATHICITY OF ITS ANTITOXINE TREATMENT.

As is well known, this disease had no distinctive appellation until the above name was given to it by the distinguished

French pathologist, Bretonneau. There is reason to believe that it was originally of Nilotic origin, and even coeval with the earliest periods of Egyptian history, and familiar to the Ptolemic, Rhamsic and succeeding dynasties. Before Bretonneau's time, it had been designated by the various names of "membrane maligne, membrane maligne de la gorge, membrane étranglante, tonsillite maligne, and by English physicians as putrid sore throat, quinsy, malignant pharyngitis, etc. The suggestion of a name for the disease was given to Bretonneau by the grayish-white deposit itself upon the tongue, tonsils, etc. But, as will be seen when we come to consider its etymology, it was only significant of a morbid effect, and not of the cause producing it, and this, of course, gave no interpretation of the nature of the disease itself. Bretonneau's conception of the membrane was that it was only another of the innumerable and beneficent efforts of nature to rid the system of a poison, and that the exudation was the result of that effort, and the more copious and complete the exudation, the more efficient the elimination of the disease, and the purification of the system. Etymologically the word diphtheria is from the Greek διφθερος double; in other words the adventitious membrane formed another layer upon the original mucous membrane, hence the name διφθερος. Etiologically, the true cause, as he believed, of this formation, was the introduction into the blood, of some subtle poison, the vehicle of which was an atmosphere contaminated by its presence and readily transmissible into the innermost interstices and recesses of the body and into its blood-currents. Believing that such was the cause of the disease, and such the nature of the diphtheric exudation, it was expedient that the latter should be removed as fast as it was formed, for the double purpose of getting rid of effete matter, and also to prevent the opportunity for the reabsorption of the virus. As will be seen later on, his imperfect knowledge of the generative causes of the disease, in the first instance, and of the tutelar agencies of the membrane itself, will serve the more prominently to show the real *causa morbi*, and the cumulative increase, since his day, of the results of scientific investigation in determining both the nature of the disease as well as of the agent of its production. As respects the removal of the membrane by interference, the weight of opinion now seems de-

cidedly to incline to objection against its removal, and in favor of permitting the eliminating processes of nature to effect it, aided by such diluent and antiseptic remedies and appliances as may remove it, and purify absorptive surfaces. Beneficent science has put into the hand of man no more useful and protective implement than the perfected microscope of to-day. As he rises up in the morning, as he pursues his daily avocations, and during his hours of sleep and rest, his physical body is menaced from within and from without by animated entities, so minute, so physically insignificant, and so infinitesimal as heretofore to have escaped his visual organs, and continued inappreciable by any power he possessed to identify and tangibly experience them. But an incisive and penetrating eye has been provided for him, and he beholds a world peopled with life hostile to his life. Now he knows of these existences, they are now his familiars, he calls them by name, they creep and crawl before him, and now he follows them to their hiding places, and the mystery of their deadly power is solved. If it were given to Bretonneau to wake up to-day and see them, and know how science has overcome and set them at naught, he could go back to his eternal home, wherever that may be, and be glad that his labors here on earth gave the impetus that has "fought the good fight" and subdued one of the most devastating scourges that has ever afflicted the human family. The microbial origin of diphtheria is now like a twice-told tale.

The bacillus of Klebs and Loeffler has become a household word, and we talk of its bacilli comites, streptococcus and staphylococcus as familiarly as we do of the war in the East or the downfall of Tammany, the extirpation of another foul nest of pestilent bacilli—*Tammanycocci toxicophori*. Heaven be praised! I take occasion just here to interpolate the claim of another recent bacillar discovery, which will go far to extinguish a most formidable disease, and one that has hitherto baffled scientific effort to subdue and destroy. I allude to the announcement by Dr. Gibier, of the Pasteur Institute, of this city, of the discovery of the bacillus of tetanus, a most notable addition to microbial nosology. Let us pass on now to the consideration of the deadly work of Klebs' bacillus. It is now known that the buccal cavity, lips, gums, teeth, tongue, cheeks, and tonsils may swarm with these pestilent 'zoa, and that they

may lie dormant and innocuous until some chance abrasion occurs. Then infinitesimal pollulation leaps into life, and there ensues infection so rapid and so malignant that in an incredibly short space of time, and through "the gates and alleys of the body," the blood pours its toxic current to all and every minutest point and remotest portion. The space between life and death is soon spanned, and then all the other creeping, crawling things begin their work. What is the devastating entity here? Is it the physical, corporate bacillus, or is it its toxine, its ptomaine, the secretion and dissemination of its lethal virus, or, perhaps, both? Of one thing we are sure, and that is its almost inconceivable infinitesimality individually, and its incomparable pollulation and multiplication. The voice of inspiration says: "Dust thou art, and unto dust shalt thou return." Such is the interpretation of the beginning and the ending of life. For that beginning we recognize something almost as impalpable and intangible as dust—the infinitesimal cell. Lionel Beal said: "Nothing ever did live, ever can live, nor ever will live, except by and through the primordial cell and cell vitality." One brick, one block of marble or of granite, will not make a house, any more than "one swallow a summer," but the trowel and the mortar soon pierce the air with the cloud-capp'd tower and the lofty and commanding pinnacle. The stately edifice stands, and defies the gnawing and corroding tooth of Time, perhaps through the centuries, and yet to crumble and fall away at last into infinitesimal nothingness. But thank God for the blessed immortality that awaits man—"Though we die, yet shall we live"—in what form we know not. It may be again from infinitesimal beginning and on to the attainment of ultimate perfection. "We brought nothing into this world, and it is certain we can carry nothing out." But if our hope of immortality be centred alone upon the practice of many of the so-called religious observances of the day, "Great God, I'd rather be a pagan, and suckled in a creed outworn;" I'd rather "strain at a gnat than swallow the camels" that are being trotted out daily from the pulpit. Just now a noted—or, rather, notorious—*divine*—God save the mark!—has been forbidden, by an outraged public sentiment, from desecrating the Sabbath with indecent jest and low, vulgar ribaldry. But he still proposes to teach the Gospel of Jesus

Christ. Such teaching is a commentary upon modern civilization, education and refinement. "He plays such fantastic tricks before high heaven as make the angels weep." But they tickle the gaping public; he wins his end—"to split the ear of the groundlings"—and they go home, and the pranks and jests of the mountebank and the clown eke out the balance of the Sabbath! To return. So we live from infinitesimality, and so we die by infinitesimal dissolution, disintegration and decay. The whole cosmogenic system began infinitesimally, and the most stupendous works of nature, if resolved back into their original elements, must own at last the modest and humble molecule. Upon this question—or, rather, fact—of infinitesimality I hope to—at least, will try to—base one portion of the argument for the homœopathicity of antitoxin. Then I may be pardoned for using a few more illustrations, and will cite as one the effects of the deadly ophidian poisons upon the human body. All the cunning of the chemist's skill and all the resources of his laboratory, all the tireless explorations of the physiologist and the pathologist, have failed to detect and bring to light the secret subtlety that lives in a little gland hidden away within the jaws of the *crotalus horridus*, the rattlesnake of this country, or the *cobra di capello*, the hooded snake and the *viperus lethalis* of the jungles of India.

The effects of the deadly virus, when injected by the loathsome reptile anywhere within the human body, are unhappily too well-known, and cause us to lament the impotence of human effort to counteract and neutralize its dread power. To die suddenly, and "in the twinkling of an eye," is abhorrent to man as is the vacuum to nature. But to die, filled with venomous and leprous poison, and to become a foul, maculated mass of corruption, is to make the eye of affection shrink away, and the heart to lament that we had ever been born. What has done all this? A single drop of seemingly bland and harmless looking fluid, but as deadly as the hell-broth of Hecate, and yet the art of the chemist and pharmacist has, by the infinitesimal reduction of the secretion of the *crotalus*, the *lachesis*, and many other animal poisons, given to the physician most potent and valuable remedies against disease. Who can tell how these wondrous agencies keep life in, and hold death at bay? We say that the poison kills by its destructive force

upon the nervous matter of the body. The blood is made to lose its power of coagulation, of nutrition, and its other vital elements, but how? "Ah, there's the rub." Is there a man who thinks at all—and there's a precious lot of 'em who don't—but must recognize the fact that for every ill that besets human life Nature, or Providence, or God—what you will—has provided the remedy, and the untiring energy of man is ever busy in employing nature's suggestions and making use of her materials to develop still more and more the agencies that help to avert the unceasing tendency to death that menaces every living thing. Then there's that other inexplicable thing—the specific affinity of certain drugs to certain organs. Can any man tell why the juice of the "*aconitum napellus*" can, when taken into the body, find its way to the heart, bounding and palpitating in tumultuous agitation from fever, or throbbing painfully from emotional impulses, whose name is legion, soothe and calm it, and as it were to say, "Peace, be still."

Can any man tell why and how the deadly fluid of the *atropa belladonna*, after its infinitesimal reduction, will still the ravings of the distraught brain, and enfold it in the placid sleep of infancy? Can any man tell how and why the *secale cornutum* will stay the torrent of blood from the uterus that is fast sweeping life away in its rushing current; or when, in her hour of travail, and when her power to expel what has become a grievous burthen is exhausted and unavailing, the *ergot* comes to suffering woman, and a young life is ushered into existence?

"These be parlous times, my masters," and it behooves the professional mind to be on the alert, and to keep on in the good work. There's rich reward in "the vineyard of life;" if not here, there may be in the great unknown.

Now we come to the period of time which shall forever mark an era in which a crowning fact of knowledge and scientific discovery has comforted human hearts—most of all, the maternal. To be able to proclaim that the fell destroyer that has stifled and strangled so many hecatombs of little ones, is now under heel, and its baleful life crushed out of it.

By this time all are familiar with serum therapy—when I say all I mean the profession—but, like myself, no doubt many have been asked to explain its meaning to those following other pursuits in life. There are only two cardinal facts in this argu-

ment; one is infinitesimality, whose tremendous potentialities we have already discussed, the other remains to set forth and illustrate, if we can, our text of caption: "The Homœopathicity of the Antitoxine Treatment of Diphtheria."

We know full well that to the average allopathic mind that word homœopathicity is as irritating as is the red bandilero of the Spanish torreador to the raging bull, or like the letters of living fire that wrote upon the wall, "*μενε, μενε, τεξελ υφαρσιν*," and that blanched the cheeks of the revellers when Belshazzar was king. But we hold that the day and the hour are fast dropping away, and are being relegated to the things of the past, and with them the vast pile of useless lumber of ignorance, mixed up with hate and other unworthy things, and the minds of men are tending to a more generous fraternity in the friendly search for truth. Old things are being put away, and the growing desire is "to cleave to those that are new." The garments of that man who sits in sullen obstinacy and hugs his household gods of intolerance, ignorance, prejudice, and jealous hate, will assuredly be scorched with the fire of "*μενε, μενε, τεξελ υφαρσιν*," and he will assuredly be "weighed in the balance and found wanting."

The word antitoxin, as is well known, means against or opposed to poison; in other words, an antidote to poison. Antitoxin treatment, then, is treatment antidotal to a poison. What poison? The poison of diphtheria. What kind of a poison, and what makes it a poison? The microscope has revealed it, and now we know all about it. We know that it is animal in its nature, of individual infinitesimality, but capable, by accretion, of destroying human life almost "in the twinkling of an eye" by a force as irresistible as the vivid flame that leaps from a cloud when the earth is shadowed in darkness. What have we to oppose to that force? Strange as it may seem, the answer comes—the force of infinitesimality. Is that all? No! There's another force: the force of a law as fixed as the stars and as inflexible as "Kismet" itself.

One day the mind of Jenner was cogitating and ruminating upon disease, and he fell upon small-pox. Need I repeat here and now, in the nineteenth century, what was born of that cogitation and that rumination? But the world remembers it all, and the name of Jenner is among the immortals "who

were not born to die." In his thought there lay dormant the seed that was destined to incubate for a time, to germinate for another time. Providence or God had the matter in hand, and by and by a goodly tree effloresced and flourished, and now sickness and sorrowing and suffering seek its shelter. It is a tree of knowledge, and it has and still continues to bear healing fruit. Men call it blessed, and it has bestowed no greater blessing than that which we now consider—the antitoxin treatment of diphtheria.

Let men reject and despise the name of homœopathicity as they may, yet we hold and contend and defy successful antagonism to the fact that it is upon the compulsory—we use the word advisedly—application of the operations of the law of similars, that not only is the antitoxin treatment of diphtheria based, but that all of its marvellous success in the cure of this formidable disease is due to that law of similars, and to that alone.

The operation of the same law is and has been productive of the success of the treatment of hydrophobia in the hands of its illustrious discoverer, Pasteur. The attenuated virus of rabies is the weapon with which, like another David, he slew the giant Hydrophobia, and all the world applauds and is glad.

GONORRHŒAL CONJUNCTIVITIS.

BY HALTON I. JESSUP, M.D., PHILADELPHIA.

As its name implies, this blenorrhœa of the conjunctiva is always caused by the deposition upon the conjunctiva of some of the discharges of gonorrhœa from the male urethra or female urethra or vagina. Formerly it was considered that this form of conjunctivitis was caused by metastasis; but it has been proven beyond doubt by later researches that the disease never occurs as a metastasis, being always started by the introduction of the gonorrhœal discharge upon the conjunctiva, usually through the medium of the finger.

After the gonorrhœal discharge has come in contact with the conjunctiva there is a period of incubation before inflammatory symptoms make their appearance.

This period of incubation varies from a few hours to 2 or 3 days, and its length seems to depend upon the number of gonococci present in the urethral discharge. The greater the number of these the shorter will be the period of incubation and the more severe will be the conjunctivitis.

It has been proven by experiment on those who are blind that diluting the gonorrhœal discharge with 100 parts of water renders it innocuous; also discharges dried on linen, etc., loses its infective properties after thirty-six hours.

At the end of the incubation stage we have a sensation of burning, smarting and scratching of the lids complained of, with an injection of the vessels of the palpebral and ocular conjunctiva with a more or less profuse flow of tears, in which floats some flakey, muco-purulent discharge. The conjunctiva now becomes rapidly inflamed and that of the ball is very much thickened by a profuse exudate into its substance. The result of this is a hard swelling of the conjunctiva, which is raised up around the cornea like a ring and is known as *chemosis*. The eyelids by this time have become very much thickened, so much so as to render it impossible for the patient to open the affected eye. We now have escaping from between the closed lids a watery discharge tinged red by the admixture of blood. In this we find small flakes of pus. The amount of pus steadily increases, till, finally, the whole discharge is purulent in character. The lymphatic gland in front of the ear is very apt to become swollen and inflamed, and in severe cases we find some fever. It is not uncommon in this stage of pyorrhœa to find croupous membranes adhering to the conjunctiva, particularly of the lid. During this stage we have the greatest danger of involvement of the cornea, and it is this complication which causes so many cases of blindness to follow gonorrhœal conjunctivitis.

The first signs of involvement of the cornea is haziness, appearing in spots or as a general uniform cloud. It will be found that the surface of the cornea over these hazy spots has lost its polish, thus distinguishing these opacities from old corneal scars. In the course of a few hours, in some cases, this grayish haze becomes yellow, and soon the cornea at this point breaks down, an open ulcer is formed, and we have a more or less extensive sloughing of the cornea.

Perforation of the cornea with escape of aqueous (and even in some cases of the crystalline lens) and hernia of the iris is not uncommon. As soon as the iris is exposed to the purulent discharge, we have the danger of inflammation of the iris greatly increased, and, unfortunately in some cases, the ciliary body and choroid become implicated, and we have a general inflammation of all this structure; in short, a pure ophthalmitis.

In the more favorable cases, however, the cornea is not affected; the chemosis gradually subsides, and the discharge becomes more and more thin and free from pus, till finally only a very slight discharge is left; only enough to glue the lids together in the morning. The injection of the conjunctiva grows less, and finally we have a return to the normal condition.

The prognosis is influenced principally by the amount of chemosis and the pressure the lids make upon the eyeball. The greater the chemosis and the greater the pressure of the lids, the worse must the prognosis be.

If the cornea has become involved, the outlook is very grave, as almost always, at least, dense opacities of the cornea are left, which interfere very greatly with the sight.

The treatment consists, first of all, in maintaining cleanliness. This is accomplished by frequent cleansing of the parts with a warm saturated solution of boric acid. This should be used freely every hour, day and night if necessary. In the beginning we should use a mild solution of nitrate of silver ($\frac{1}{2}$ –1 gr.— $\frac{5}{8}$.) Later, as the discharges become thicker, a solution of two grains to four grains to the ounce can be used, merely dropping the solution on the conjunctiva of the ball and lids. With strong solutions of silver nitrate 8–10 grains to the ounce, we have to use a saturated solution of salt in water to neutralize the silver solution. Ulcers of the cornea do not contraindicate the use of the weaker silver solution. To lessen the chemosis it is well to use ice bags every other hour during the day. Care should be taken, however, not to use these too long, else we might so depress the circulation of the cornea that sloughing would take place. In case the lids exert marked pressure upon the ball, we must relieve this by enlarging the palpebral fissure by a division of the outer canthus, *i.e.*, canthotomy.

The cornea must be watched most carefully, and as soon as the slightest haze of the cornea is seen, atropine solution from

two grains to four grains to the ounce should be used. Ordinarily it is sufficient to introduce a drop three times daily.

Nitrate of silver 2x-6x is our sheet-anchor in this form of conjunctivitis.

In closing, I should like to say a few words with regard to the attention which should be given to the sound eye—if there is one. First of all, the head should be turned toward the affected side, so that all flushing will flow away from the sound toward the affected side. The lids, eye brow, and lashes of the sound eye should then be thoroughly washed with soap and water. Previous to this, however, it is wise to put a drop of a four per cent. solution of cocaine in the sound eye to prevent pain from the soap or following flushing. After washing off the soap, the lids, lashes, and brow should be thoroughly flushed with a bichloride of mercury solution of 1-1000. The lids should then be opened, and the tarsal and bulbar conjunctiva should be thoroughly flushed with a 1-4000 solution of bichloride. Then drying the lids, a piece of rubber adhesive plaster (the centre of which has been cut out, and in the place of which a watch glass has been fitted), is fastened over the brow, nose, cheek, and temple, leaving a small opening at the lower temporal side for the escape of tears, etc. By taking these precautions, and having the patient hold the head so that the discharges will flow away from the sound eye, we can almost invariably save the unaffected eye.

DESQUAMATION OF THE SKIN IN TYPHOID FEVER IN CHILDREN.—Dr. Weill, of Lyons, France, has found desquamation of the skin a very little known symptom accompanying typhoid fever, and one which is not mentioned in the classical works on medicine. He has observed it in thirty out of thirty-seven cases of typhoid fever in children. It is especially remarkable upon the body, shoulders, hips, and much rarer on the extremities, and never upon the face, palms of the hands, or soles of the feet [this latter statement does not hold true in adults, as several writers mention distinct lamellar desquamation of the palmar and plantar cutis. —Eds.] It begins in the axilla, and extends down the sides, and over upon the abdomen, where it is especially pronounced, in the hypogastric region; thence it reaches the back, shoulders, and nates. Only later are the extremities affected, and particularly the legs. The skin may either separate in fine scales or lamellæ; the latter may be as large as in scarlet fever. It may last for days or months, may affect small portions of the skin or the whole surface. It is first noticed either with the disappearance of the fever, or ten to fourteen days after. There is a certain relation between the intensity of the disease and the kind of succeeding desquamation (?). A severe attack of typhoid fever is, as a rule, followed by an early, diffuse, and lamellated desquamation, while a slight case will present but an indistinct and branlike scaling of the epidermis.—*Hospitals Tidende*, No. 47, 1894. [Dr. L. Gaillard, of Paris, has written an interesting article on the erythemas of typhoid fever.—*La Semaine Médicale*, No. 56, 1894.—Eds.]

EDITORIAL.

THE AMERICAN INSTITUTE OF HOMŒOPATHY.

THE annual session of the American Institute of Homœopathy will convene at Newport, Thursday, June 20, 1895, and continue in session until its official business is finished, and its scientific sections have completed their discussions. A large and enthusiastic attendance will be present, and the promise of excellent scientific work is such as to induce all real medical workers to turn their eyes towards the June Mecca. The correct line of decision on the part of the profession is to make the pilgrimage, taking a new member along, and think about it afterwards; in other words, decide at once to attend, come what may.

The Institute is confronted with some serious problems, which must be grappled and solved in the immediate future if the organization is to continue to enjoy the great success of the past few years. One of the matters difficult of solution is the question of a large and interested attendance at *all* sectional meetings. This is a complex problem, and as it cannot be resolved into success, it will have to be worked out by experience. In the course of years the Institute has grown to magnificent proportions, and with the introduction of the sectional system of scientific work has come an almost too rapid multiplication of sections, and the greatest difficulty is encountered by those whose duty it is to assign the time and place of sectional meetings to secure suitable and opportune arrangements for these sessions. It has been deemed unwise to have more than two sections meet at the same hour, and the effort has been to have the appointed sections on widely different topics, so as to reduce, as far as possible, a conflict of interests. The official business of the Institute in recent years has been, unfortunately, too long drawn out, and instead of being finished at the appointed hour, it is dragged through an entire morning, and the scientific work planned for the time taken is necessarily restricted, to the great detriment of those who are mainly interested in medicine and its collateral branches.

The Section on Materia Medica has been given the right of way as to choice of time and place of meeting, and it is always largely attended. This is as it should be, and past history in this respect should be repeated at Newport. Other sections receive similar treatment and thrive, but as all cannot be so favored, they consequently suffer.

It is to these sections we call the attention of the profession, and ask assistance to remedy the evil. At Denver, one of the sections had a morning session appointed and the most desirable hall as a place of meeting, and all things favored a successful assembly; but the business meeting of the Institute, held in the same room, instead of adjourning, according to programme, at 10 A.M., dragged its weary way so near the dinner-hour that many left, tired out, despairing of a sectional meeting at all; and when the chairman called his section to order, but eight members were present out of two hundred and fifty in attendance on the Institute sessions. This was discouraging to those actively in charge, particularly so as a similar experience was met with at the Washington meeting. It is to be hoped that these forlorn and poorly attended sectional sessions can be avoided at Newport.

The Sections of Materia Medica, Clinical Medicine, Surgery, and those of greatest interest to the greatest number, naturally demand and receive the greatest consideration in the appointment of time and place, and the rigid observance of the allotted time of the business sessions; all things work to their success, and they are rightfully successful; but this by no means cancels the obligation of the Institute to insure the equitable treatment of the minor sections, which are usually those of the more restricted specialties. The workers in ophthalmology, neurology, pædology, *et al.*, all need the inspiration of large and attentive audiences to insure satisfactory and successful meetings, such as will make their members long to repeat their experience in the coming year, and bind their attendance regularly, year after year, at the Institute meeting.

Another subject of graver significance which must be considered and weighed well in the balance, although one's natural bent is to avoid the issue, as it is a vexed question, and, in some respects, a disagreeable one; and as suggestions hitherto have been fruitless or have led to irritation, nevertheless, if nothing

else is favorable to calling attention to the fact, the *time* is certainly opportune. We refer to the *methods* that have gradually come in vogue, and now dominate the *politics* of the Institute. If there are any who do not doubt and distrust the final outcome of the introduction of "practical" politics into a scientific body, we would refer them to the well-known night caucus at Washington, and ask them to ponder on the possible evil consequences of this preparatory meeting for political purposes, if the candidate proposed had not been great enough to meet the issue, later on, with a straightforward manliness that won for himself hosts of friends; or, again, we will ask our readers what were their impressions, carried away from the Denver meeting, arising from the astonishing and unsatisfactory political methods there practiced? This is putting it mildly, for no words are sufficiently denunciatory of some of the overt acts at the Queen City of the plains.

We have no reason to suppose that any individual member has any real sympathy with the introduction of this so-called practical politics, nor do we think any one would openly advocate or lend the influence of their name in support of such methods—but consciously or unconsciously the drift and tendency is all in this line, and canvassing and caucussing, binding and pledging, from year to year, trading and combining in this one's interest and that one's, is the method of the day and it is time now to call Halt! We have knowledge of a recent caucus of members of the Institute from different cities in the interest of the canvass for nomination and election of a certain distinguished gentleman at the Newport meeting; personally, there is not the slightest objection to the proposed candidate and we have reasons to know that he would make a most acceptable presiding officer and that his administration would be a credit to himself and the Institute. But we do object to the *method* adopted for his election. It is undignified, and it is calculated to arouse suspicion and distrust on the part of the members.

If this method is permitted to continue and become the settled policy of election it will imperil the future of the Institute, for it will certainly drive self respecting members from the fold and bar out desirable candidates for admission.

INFANTILE SCURVY—RICKETS.

IN connection with symptoms such as slightly-beaded ribs, enlargement and tenderness of the epiphyses at the lower ends of the radius and ulna, falling in of the chest-wall at every inspiration, occurring in infants between the ages of six months and two years, which sufficiently diagnose the case as one of acute rickets, we have at times an anæmic and hæmorrhagic condition, the true nature and ætiology of which are still matters of dispute.

By some this condition is regarded as true scurvy, and entirely dependent upon the exclusion of "fresh" food from the diet of the child. By others it is regarded simply as an exaggerated form of the anæmia, which is always present in a case of severe or acute rickets, and which, at times, originates without the deprivation of fresh food.

Dr. Ashby, physician to the General Hospital for Sick Children, Manchester, England, on the basis of twenty-five cases observed, holds, we think with truth, that the presence of scurvy cannot be proven, and that the use of the word had better be dropped in connection with such cases, which should be spoken of as rickets with a hæmorrhagic diathesis. In all his cases there was anæmia and evidence of hæmorrhages having taken place beneath the periosteum or beneath the skin or around a tooth which is being cut. In all there was the history of aggravated dyspepsia, usually including obstinate vomiting, often diarrhœa. On analyzing the various methods of feeding, it became evident that the disorders in question may and do originate without deprivation of fresh food. In eight cases "pancreatized fresh milk had been used exclusively or very largely," while one of these patients had had "a fresh raw egg daily for three weeks, together with some meat juice." In three other cases "fresh milk and barley-water or cream and rusks or cream or milk, with a well-known malted food," served as the daily diet.

An exclusively dietetic treatment from these observations would, therefore, seem to be unable to reach the root of the matter, although an anti-scorbutic diet was usually followed by signs of improvement. The treatment adopted by Dr. Ashby

was "milk, cream or whey, according to the capabilities of the child, raw beef juice, orange juice and emulsion of cod-liver oil, with as much fresh air as possible."

In two cases reported by v. Starek, in which there were rickets and periosteal hæmorrhages, with hereditary syphilis in the parents, the patients were cured by calomel without any change of diet.

Such observations certainly suggest that something else besides the deprivation of fresh food is an important factor in the production of this form of rickets. This factor is here, as elsewhere, seen to be the constitutional dyscrasia, which can only be reached by medicinal treatment. That in those cases which manifestly owe their origin to imperfect feeding, a simple regulation of the diet, with due regard to the amount of "fresh" food and fat given, may be all that is necessary to effect a cure, we would not wish to deny. We do, however, maintain that in a majority of cases a cure is possible only by the use of the proper remedy directed to the constitution of the patient, together with a proper diet, while in all cases the cure is expedited by the combination of both modes of treatment.

Too little is known about the pathology of rickets to allow us to be guided in our selection of the internal remedy by it; but we fortunately have in our *materia medica* enough guiding symptoms to warrant our confidence in a successful search there.

THE HAHNEMANN MONUMENT.

WITH this number we present three views of the proposed monument to Hahnemann, the founder of scientific medicine, to be erected in Washington, District of Columbia. No one can look upon the graceful and artistic lines of this classical design after the Greek school, without a sense of pleasure at the results of the faithful work of the monument committee under the leadership of Dr. J. H. McClelland. The design is the work of the true artist and sculptor and is a thing of beauty, and when the monument is erected, it will grace the capital of the nation, reflect credit upon Homœopathy and perpetuate the memory of the Great Reformer of medicine. As Homœopaths we are pledged to the erection of this monument and we should see to it that the collection of the funds necessary is not permitted to drag and become a burden to the committee. Nearly twenty-five thousand dollars have been subscribed and

the Newport meeting should witness the pledging of the entire amount needed. Hahnemann deserves well of all believers in Homœopathy, be they members of the profession or the laity. And out of the multitude of its advocates in America the amount needed should be easily raised. Subscriptions are to be sent to Dr. J. H. McClelland, Fifth and Wilkins Avenues, Pittsburgh, Pa. For a full description of the monument see page 76 *News and Advertiser*, of this number.

PROFESSOR DUDLEY'S BOOK ON INSTITUTES OF MEDICINE.

DR. PEMBERTON DUDLEY is engaged in the preparation of a work upon *Institutes of Medicine*, designed for the use of medical students, and also for physicians seeking a knowledge of the Science of Therapeutics. Dr. Dudley claims that the subject lies at the foundation of a course of medical study and is necessary to a correct understanding and adequate appreciation, not only of Homœopathy, but of all modes of treating diseases and injuries. His masterly presentation of the "Scope and Limitations of the Law of Cure," the leading article in this number, will afford an excellent opportunity to judge of the immense value to the medical profession of such a work, and all readers will impatiently anticipate the date of its publication.

DR. VAN DENBURG'S MATERIA MEDICA.

On going to press we are in receipt of an advance copy of the "*sample fascicle*" of Dr. Van Denburg's *Materia Medica*, too late to review it in full, but in time to call the attention of our readers to the one materia medica that fulfills all requirements. It is on a new and original plan; embracing *all* the symptoms of our materia medica, including every authority, so arranged as to show their origin, the size and repetition of the dose upon which each is predicated, the time of their appearance, continuance and cessation, and the preceding, concomitant and sequent symptoms, etc. To this is added all well-authenticated clinical symptoms, distinctly marked as such. The work is divided into two parts. A full form for extended study and a condensed form for rapid consultation. The cost of the "*sample fascicle*" is \$1.50, one dollar of which will be credited on price of first volume when issued. To insure the successful publication of this work it is necessary for Dr. Van Denburg to receive one thousand bona fide subscribers. The work is needed and should be published, so we urge our readers to secure a copy of the "*sample fascicle*" and judge of the merits of the work, and then to encourage the author to go on by subscribing at once.

GLEANINGS.

GENERAL MEDICINE.

CONDUCTED BY

WM. W. VAN BAUN, M.D., AND FRANK H. PRITCHARD, M.D.

THE TREATMENT OF CHRONIC HEART DISEASE BY THE METHODS OF DR. SCHOTT, OF NAUHEIM.—The treatment is two-fold: 1. By baths containing various mineral substances and free carbonic acid gas in solution. 2. By a series of graduated gentle exercises or gymnastics. The waters of Nauheim used for bathing purposes are remarkably rich in free carbonic acid gas, one litre of water containing 1.340 c.c. of gas. The mineral constituents are also rich, containing 2 to 3 per cent. of chloride of sodium and from 2 to 3 per 1000 of chloride of calcium and carbonate of lime.

The effect on a healthy adult of such a bath is a slowing of the pulse, with increase in its volume and force, often noticeable in one to three minutes. There is a tingling sensation and feeling of warmth all through the body from contact of carbonic acid gas with surface of skin. On entering bath a feeling of oppression is experienced, which soon passes off. Amount of urine usually increased after a bath.

With a patient suffering from heart disease it is not advisable or safe at the outset to place him in a bath so rich in carbonic acid gas and saline constituents; the effects are apt to be too powerful and the consequences hurtful. The usual method is to commence with baths comparatively poor in mineral constituents and containing no carbonic acid gas. The patient gradually gets accustomed to them, and is soon able to take the strongest baths. Dr. Schott recommends patients to begin with a bath containing 1 per cent. of chloride of sodium and 1 per 1000 of chloride of calcium, freed from carbonic acid gas, and at a temperature of 92° to 95° F. The bath to last from six to eight minutes, gradually increasing strength of constituents until full strength is taken and containing free carbonic gas.

Effects of baths on a patient suffering from heart disease are similar to those seen in a healthy individual, but more marked. The pulse is slowed; the volume and force are increased. In dilatation of heart, a diminution of the area of cardiac dulness is usually observed, and the apex beat comes in near the normal position; the liver, when enlarged, as a result of right ventricle failure, diminishes in size. These results are more pronounced in the baths rich in gas and mineral constituents than in the weaker baths.

Mode of Action of Baths.—Dr. Schott believes that the chlorides of sodium and calcium, and the carbonic acid gas passing through the epidermis, stimulates the sensory nerve endings, and, by a reflex action on the cardiac nerves and muscles, cause the heart to beat more forcibly and less rapidly; while this may explain the slowing of pulse in a healthy adult, as stimulation of any sensory nerve exercises an inhibitory effect on the heart through the vagus, and the particles of free carbonic acid gas must act as an irritant and stimulate the sensory nerves in the skin, Dr. Broadbent does not consider it sufficient to explain the diminution in size of the heart in cases of cardiac dilatation, and suggests that probably in such cases the dilatation of the cutaneous vessels, whether by the warmth of the water in the weaker baths or by the action of the salts and bubbles of carbonic acid gas in the others, causes a lowering of tension in the peripheral circulation, so that the heart has less resistance to contend against. Secondly, the flow of blood to the skin thus determined tends to empty the left ventricle and enable it to contract down more fully and completely on its contents.

Artificial Preparation of Baths.—These baths may be prepared artificially in imitation of those at Nauheim. The essential ingredients are the chlorides of sodium and calcium and, later in the treatment, free carbonic acid gas. To make the weakest bath, containing about 1 per cent. of chloride of sodium and 1 per

1000 of chloride of calcium, take 4 pounds of common salt and one-tenth of that quantity of chloride of calcium to 40 gallons of water. These proportions may be gradually increased, as deemed desirable, up to three times that amount. Ordinary sea water contains about 2.7 per cent. of chloride of sodium, thus being nearly as rich in this constituent as the Nauheim waters. It does not contain any chloride of calcium. For the production of carbonic acid gas, bicarbonate of soda and hydrochloric acid may be used. A 40-gallon bath will need 6½ of bicarbonate of soda and 7½ of hydrochloric acid of B. P. strength to begin with. This leaves an excess of alkali. This can be overcome by gradually increasing the gas five or ten times, if thought necessary. It is best to dissolve the bicarbonate of soda in bath first, stirring energetically, adding acid just before taking bath. If a large amount of gas is needed, it is more practical to make use of cylinders of compressed carbonic acid gas and allow it to pass through the water.

Treatment by Gymnastic Exercises.—The exercises consist of a series of simple movements of each limb and of the trunk made against slight resistance, so that every muscle of the body, as far as possible, is in turn brought into play. The movements should be made slowly and systematically, and a short interval should be interposed between each. They are to be stopped at once if patient experiences the slightest distress in breathing, palpitation or discomfort of any kind. As soon as he is rested, proceed again. The resistance to each movement should be light, and should be made by a trained attendant. The movements consist of flexions, extensions, adductions, abductions and rotations of each limb in turn, and of flexion, extension and rotation of trunk. No movement is to be repeated, except after an interval. The object being to bring consecutively into gentle action each group of muscles in the body, as far as possible. The resistance to the movements is made by holding with the hand, the limb of patient being moved and gently opposing the movement.

Effects of the Gymnastics.—Similar to those produced by baths—namely, effects on the circulation and heart. Pulse frequency is diminished; its volume and force increased. Area of cardiac dulness in cases of cardiac dilatation diminished. Size of liver reduced.

Mode of Action.—Schott believes each muscular contraction, by a reflex action on the cardiac nerves and muscles, causes the heart to beat more forcibly. Broadbent thinks the slow movements of each limb bringing into action different groups of muscles in turn causes a flow of blood to these muscles. The contractions of the muscles being slow and gentle, does not rapidly force out the contained blood or compress the veins; so that, after each group of muscles has been brought into action, their vessels are dilated and full of blood, consequently so much blood being called into the muscular tissue brings relief to the heart, empties the left ventricle and enables it to contract down more completely on its contents. At the same time peripheral resistance is lessened by the vascular dilatation, and the left ventricle is better able to drive blood through the system. The backward pressure in the left ventricle being diminished, the obstruction to the flow of blood through the lungs is lessened and the right ventricle is relieved. Further, the arterioles and capillaries being dilated, they receive a larger proportion of blood, which will be transferred from the venous to the arterial side of circulation. The venous stasis and turgescence giving rise to the hepatic enlargement are relieved, and the liver is diminished in size.

Rationale of the Treatment.—The results of the bath and exercises are thus seen to be identical. They are not permanent, *i.e.*, the contractile power of the heart and a reduction of its dilatation, so the treatment must be prolonged and many baths and exercises taken. Dr Schott's theory is that with each bath and series of exercises, the heart is stimulated, as the result of a reflex process, so that its contractions become more complete and more forcible; that, as a result of this frequent stimulation and more powerful action, the heart muscle undergoes hypertrophy, till at length the heart, in cases of valvular disease, becomes competent to cope with the extra work imposed on it, or in cases of dilatation from debility or other causes, recovers from its atonic condition by the improvement in the quality of its muscular coats.

Indications and Contra-indications.—Cases most likely to derive benefit from this treatment are those of cardiac dilatation due to overwork or mental worry; cases of mitral disease where the right ventricle is beginning to give way and compensation threatens to break down. In cases of adherent pericardium with symptoms of cardiac embarrassment it should be tried. Cases of aortic incompetence are not

suitable ones unless symptoms of right ventricle failure have supervened. Cases of aortic aneurism are not suitable. Cases of true angina pectoris; treatment to be used only with great caution. It may be possible to relieve the heart by vascular dilatation, but there is always danger of fatal syncopal attacks.

In fatty heart, fatty infiltration, not degeneration, accompanying obesity, it is usually of advantage.—Dr. J. F. H. Broadbent, *The Practitioner*, May, 1895.

PHYSICAL SIGNS OF ACUTE PERICARDITIS.—According to Dr. Jossierand the friction sound in pericarditis is often in arrear of the anatomical evolution of the disease, not being present until a longer or shorter period has elapsed. The following is, in his opinion, an early sign of real value. When, in the course of an acute articular rheumatism, comparative auscultation is made at the cardiac base in the aortic and pulmonary areas, it sometimes happens that the second sound in the pulmonary area is found to be more intense, louder, and more metallic; the opposite is the case in chronic aortitis, in which the sound is more marked on the right side of the sternum than on the left. Sometimes even this difference is appreciable by the hand, which perceives an exaggeration of the diastolic closure shock of the pulmonary sigmoid valves. The existence of this sign should cause one to search carefully for a friction sound, which will then often be considered when a superficial auscultation would have allowed it to escape notice; if not present, its more or less early appearance may be predicted. This noisiness of the second sound is early and usually transitory; it precedes the friction sound by from one to three days, and with few exceptions is replaced by it. It is a sign proper to the initial congestive period; like the fine crepitation of pneumonia. Its anatomical explanation is, Jossierand thinks, that the heart muscle at the base of the pulmonary artery is rendered congested, turgid, more dense, and perhaps covered with fibrinous lymph, and thus amplifies to the ear the neighboring sigmoid sounds. This sign is important, first, in diagnosis, to enable one to decide between a friction sound and an anæmic murmur or extra cardiac sound, as it permits one to decide in favor of the friction sound; secondly, as a sign that the heart is affected, with localization and intensity difficult to state precisely. It indicates the necessity for early revulsive medication.—*Medical Record*.

TYPHOID FEVER IN INFANTS.—Dr. I. N. Lover summarizes as follows: 1. Typhoid fever occurs more frequently in children than is generally supposed. 2. The fact that ulceration and hemorrhage is much less frequent would explain the absence of pronounced abdominal symptoms. 3. The erratic, undeveloped, and hyper-sensitive nerve-centre in early child-life, explains why the toxic secretions of the Eberth bacillus should make cerebral symptoms very pronounced. 4. Given, a child of any age, with or without intestinal disturbance, with a continued elevated temperature, with or without marked evidence of cerebral disturbance the possibility of the presence of the Eberth bacillus of typhoid fever should be constantly kept in mind.—*Jour. Am. Med. Asst.*

CONCERNING SYPHILITIC PATIENTS DISCHARGED FROM THE HOSPITAL.—In the *Correspondenz-Blatt fuer Schweizer Aertze*, No. 2, 1895, p. 42, Professor E. Lesser, of Berne, draws attention to a measure which, if universally carried out as a matter of daily routine, might prove useful in our preventive work with regard to syphilitic infection. The measure, as practiced in Professor Lesser's clinic for some time, is very simple. Every one, and all, of his syphilitic patients when discharged from the institution are given a card containing the following printed instructions:

"You are suffering from a venereal disease (syphilis). Your disease is *infectious*. It will remain infectious for several years to come.

"Consequently, you must ever be careful of yourself, in order to prevent transmitting your disease to others, through kissing or other close contact, through sleeping in one bed with others, through using food- and drink-utensils in common with others.

"Your disease cannot be cured by a single course of treatment. Probably, after a while you will again experience some manifestations of your disease (for instance, sores or pain about your mouth or throat, or genitals, or some eruptions on the body); as soon as you have noticed such symptoms, you must, *without any delay*, place yourself under care, be this at a hospital or at your home.

"Even in the absence of any visible symptom, you must, about every four months, apply to a doctor for examination, and possibly a course of treatment.

"Such courses of treatment do not necessarily require sojourn at a hospital, so that, probably, you will be able to attend to your occupation as usual.

"Only when you have been undergoing an appropriate course of treatment several times yearly for about three years, only then, you will probably escape certain later serious manifestations of your disease (for instance, caries, early cerebral apoplexia); *you cannot marry before the lapse of four or five years after the infection*, since otherwise, you would transmit your disease to your wife (husband) and children. You cannot marry without a medical permission.

"Under due treatment, your disease is very well curable (*sehr wohl heilbar*).

"Keep the card carefully, and show it to every doctor you will consult.

"Do not show the card to any one else."—*The Provincial Med. Jour.*, May, 1895.

HYSTERICAL POLYURIA.—Souques (*Arch. de Neurol.*, December, 1894) reports a case to illustrate the part played by fixed ideas in the pathogenesis of hysterical polyuria. The patient, a jeweller, æt. 37, for many years had daily consumed about five litres of wine, besides cognac and absinthe. In addition to this, he frequently committed grosser alcoholic excesses. On the day following any of these acute debauches, he noticed that he had to urinate very frequently and passed large quantities of urine. In November, 1893, he was stunned by a blow on the head. He recovered consciousness after some hours, but soon fell into a delirious state that lasted three or four days. On emerging from this state constant, intense thirst and polyuria developed. The urine amounted to about twenty litres in the twenty-four hours, and was free from sugar and albumin. When received into the Salpêtrière in May, 1894, the patient was found to have hemianæsthesia, with a "pseudo-ovarian" zone, and contraction of the visual fields; the polyuria and thirst had continued unrelieved by treatment. A few weeks later treatment by hypnosis and suggestion was commenced. Diminution of the urinary excretion at once resulted; and after thirteen sittings the daily quantity was only three or four litres. The author remarks that at first this case might be taken for one of traumatic polyuria, but the existing stigmata of hysteria and the cure of the condition by suggestion plainly establish its hysterical character. While in the somnambulant state, the patient related how vividly he had been impressed by the great frequency of micturition that followed his acute excesses. From that impression, the author traces the evolution of the fixed idea. The latter, he supposes, is in these cases the starting point of a cortical reflex that inhibits the renal vasomotor centre, thus inducing vaso-dilatation and augmented blood-pressure in the renal vessels, with consequent hyduria.—*Brit. Med. Jour.*, May 11, 1895.

TO GIVE CASTOR OIL AGREEABLY.—Castor oil is not easily administered to every one. Children may be made to take it, without objection, by mixing it with sufficient coarse-grained brown sugar until a solid paste is formed. This is rolled up into a ball and administered. Adults would find the sweet taste disagreeable. A pleasant preparation for them may be prepared by putting a teaspoonful of the oil in a cup of lukewarm milk, and this into a bottle which is but half filled by the fluid. The mixture is then shaken, energetically, for a time. An emulsion results which has none of the disagreeable taste nor smell of the oil, and which is agreeable to take.—*Medicinische Neuigkeiten*, No. 45, 1894.

COMPARATIVE VALUE OF THE DIFFERENT REACTIONS FOR ALBUMIN.—Prof. Adolph Ott states that besides the old standard reagents for albumin there are others which are still more sensitive and indicate the presence of minimal quantities. Spiegler's reagent: Bichloride mercury, 8.0, tartaric acid, 4.0, distilled water, 2000.0, and white sugar, 20.0, and sulphosalicylic acid are typical examples. Especially the latter is to be recommended for practical purposes. A few crystals are shaken into the test tube and dissolved in the previously filtered urine. If albumin be present a turbidity appears at once; if the urine contain either peptones or albuminose the precipitate disappears on boiling, to reappear on cooling. Millard's reagent must be regarded as very delicate and sensitive; crystallized carbolic acid, 7.70, acetic acid pure, 27.21, solution potash, 85.33. It will reveal the existence of the slightest quantities. It is still more delicate than Tanret's reagent: Iodide potash, 3.32, bichloride mercury, 1.35, dissolved in 20 centimeters of acetic acid and then dilute to 60 centimeters. A turbidity appearing with the last two tests in presence of large quantities of urates or peptones will disappear on warm heating. The weakest of all tests is the chromic acid test of O. Rosenbach.—*Deutsche Medicinal-Zeitung*, No. 15, 1895.

GENERAL SURGERY.

CONDUCTED BY

WM. B. VAN LENNEP, A.M., M.D. AND H. L. NORTROP, M.D.

NEW METHOD OF EXAMINATION AND TREATMENT OF DISEASES OF THE RECTUM AND SIGMOID FLEXURE.—Kelly (Baltimore) describes his procedure in detail, and claims the following advantages: (1) An ocular examination of the ampulla, the upper rectum, and the sigmoid flexure; (2) the bowel is distended to such a degree that its walls appear smooth, and there are absolutely no concealed areas; (3) a large area is visible at one time, so that a complete investigation may be made in a few seconds; (4) local treatment is as easy as inspection, even in areas so remote as the sigmoid flexure.

The steps to be taken are:

1. Thorough evacuation of the lower bowel.
2. Knee-breast posture.
3. Introduction of a cylindrical speculum provided with an obturator.
4. Withdrawal of the obturator, followed by distension of the bowel with air.
5. Inspection of the dilated bowel by light reflected from a head-mirror, through specula of various lengths and diameters.

Sometimes the view is not satisfactory, owing to little obstructing masses of feces; these may be readily removed with a long scoop. A little mucus on the surface of the bowel may be cleared away by using a long applicator. Other causes interfering with a satisfactory view are: The patient may not let the chest down close enough to the table; or, if a woman, a corset may keep the bowels from gravitating towards the diaphragm; or, gravitation may take place slowly and the bowel open up slowly, the speculum following it centimeter by centimeter.

Vide *Annals of Surgery*, April, 1895, for cuts and complete description of instruments.

THE QUICK CURATIVE TREATMENT OF GONORRHOEA.—Lyons (New York) always examines for gonococci, staining in the usual way with methylene blue, and examining under an immersion lens. If gonococci are found and the history of the case shows it to be one of acute infection, and if there be a fair proportion of epithelial cells present in the secretion under the microscope, he deems it a good case for the quick plan of curative treatment, and proceeds as follows:

Having had the patient urinate for the purpose of cleansing the canal, which he deems sufficient without further irrigation, he injects into the urethra, the patient being in a recumbent position, with an ordinary conical-shaped soft rubber pointed clap syringe, one drachm of a 4 per cent solution of nitrate of silver. He then seizes the meatus on removing the syringe, and holds the solution inside the urethra for from two to three minutes by the watch. The patient complains of none or but little pain at the time, and at most, according to the experience of the author, a little smarting on urination during the next twenty-four hours, at the expiration of which time he is directed to present himself again. In the meantime he is cautioned to follow strictly the usual hygienic rules prescribed in these cases and to do nothing more for himself whatever. When he presents himself again, the character of the discharge has usually changed to a thin serous fluid, a little more abundant than it was before, and now upon examination it will be found that the gonococci have entirely disappeared or have been greatly reduced in numbers. The slight inflammation will then disappear in twenty-four to forty-eight hours, but the secretion of the urethra should be examined for several days, until only the normal epithelial cell and the ordinary urethral bacteria are found. If the gonococci have not entirely disappeared, the injection is repeated with a drachm of a 2 per cent. solution of silver nitrate, and in twenty-four hours a re-examination is made.

He concludes as follows:

1. A microscopical examination of the secretion should be made at once in every case of urethral difficulty that comes before us. 2. The symptomatic plan of treatment, at present generally recommended, requires at least six weeks before a cure is established. 3. A quick curative plan of treatment has no tenable

scientific grounds against it. 4. A quick curative plan of treatment is shown to be practicable clinically. 5. The rationale of this plan shows it to be in harmony with the spontaneous efforts of nature to effect a cure. 6. Nitrate of silver in strong solution is the best remedy. 7. I have adduced fifteen cases, not selected, to show that in two-thirds of them a cure may be effected in from one to six days, and that not in any case did serious complication or aggravation supervene. 8. That a quick curative treatment may be pursued in most cases that come early enough, with reasonable hope of success.—*Medical Record*.

A NEW METHOD FOR ANCHORING THE KIDNEY.—Reed (Columbus) makes the ordinary perpendicular abdominal incision over the median line of the kidney, two and one-half to three inches in length. The kidney is then drawn into place, and with two long, straight needles, varying from four to seven inches in length, threaded with aseptic silkworm gut or silk, it is fastened in position. The first needle is inserted through the upper and inner part of the cortical substance of the kidney directly through the muscles of the back, bringing it out between the eleventh and twelfth ribs. The second needle, which is on the other end of the ligature, is also passed through in a similar manner about an inch from its fellow, through the upper and outer cortical substance of the kidney, making a staple hitch. These ligatures are tied in the integument of the patient's back. If necessary, another suture is inserted in a similar manner through the outer margin of the kidney. The first needle of the second suture being passed about an inch below the last needle of the first suture, and the second needle of the second suture about an inch below the first needle of the second suture, then through the cortical substance of the outer portion of the kidney.

The entire operation can be performed in fifteen minutes. The sutures are allowed to remain ten days to two weeks.—*Columbus Med. Jour.*

APPENDICITIS.—Murphy (Chicago) says there has been no controversy in the history of medical science in which the struggle has been so intense between the surgeon and the physician as that concerning appendicitis. Differences of opinion in regard to the clinical course and propriety of operative and non operative methods have been almost entirely due to erroneous notions of the pathological conditions. It is now settled that all, except 2 per cent. of the inflammatory lesions about the caput coli are due to primary lesions of the appendix. Observation shows that in the acute stage the pus is found outside the appendix in 94 per cent. of the cases, and that this does not necessarily indicate a perforation of that organ. Invasion of the peritonæum and formation of a peri-appendicular abscess may occur with an internal ulceration of the appendix without perforation. Finally, the points still in dispute are the pathological changes produced by perforation into the peritoneal cavity; the likelihood of that perforation, and also perforation of the circumscribed abscess about it into the peritoneal cavity; the immediate and remote symptomatic and physical manifestations of the latter and the ultimate result of such rupture.

The pathological changes produced depend on the character of the material admitted into the peritoneal cavity, whether it is pus or bacilli in which the staphylococcus predominates, whether the bacillus coli communis exists in its virulent or inert condition, and whether the parts, in which any or all of these may have existed, have become innocuous. It also depends on the quantity of material admitted at one time into the peritoneal cavity, on the condition of the peritonæum at the time of formation of the pus. Only 2 per cent. of the cases of appendicitis are found to contain foreign bodies, and fecal concretions are found in 38 per cent. The other cases are: 1. Simple pus infection, producing the catarrhal variety. 2. Excessive infection by the bacillus coli communis, or by pyogenic microbes, producing gangrene of a greater or lesser portion of the appendix. 3. Pressure atrophy, with infection of the appendix (*a*) by fecal concretions, and (*b*) by foreign bodies. 4. Retention accumulations (*a*) from cicatricial contractions, stenosis and obliteration, and (*b*) from occlusion by entroliths or foreign bodies. Perforation was found in 70 per cent. of the reports of autopsy collected, and in his own cases it occurred in 87 per cent.

We have no sign, symptom, or combination of signs or symptoms, that indicates with any degree of certainty, suppurative peritonitis in the early stage. The rule first, last, and always, should be, operate in every case of appendicitis, promising, or unpromising, at the earliest possible moment.—*Phila. Med. News*.

GYNÆCOLOGY AND OBSTETRICS.

CONDUCTED BY

GEO. R. SOUTHWICK, M.D.

THE PROGNOSIS OF FORCEP OPERATIONS IN THE OBSTETRICAL CLINIC AT BASEL.—In 2926 cases of confinements in this clinic the forceps were applied 156 times (5.33 p.) 83.3 per cent. of the cases were primiparæ and 16.7 per cent. were multiparæ. The perinæum was torn in 84 per cent. of the cases. All of these injuries were at once sutured and healing took place per primam in 92 per cent. of those operated on; in 8 per cent. healing was incomplete. None of the mothers died in consequence of the operation and only 5.7 per cent. of the infants died from the use of the forceps. The writer concluded that the typical forceps operation is, in general, without danger for mother or child. Hæmorrhage occurs in consequence of atony rather than from injuries caused by the forceps; it is not dangerous to life and can be controlled. Weak pains and a long duration of labor in consequence, is an indication for forceps, if the sagittal suture is in the anteposterior diameter of the pelvis and the second stage of labor has lasted over two hours. In no case should the attending physician allow labor to continue over four hours after the indications for forceps are present, neither should the use of the forceps be delayed till the life of the child is in danger. High forceps are only to be used with great care and caution.—C. Schmid, *Archiv. für Gynækologie*, Bd. xlvii—Hft i.

THE TREATMENT OF POST-PARTUM HÆMORRHAGE.—Prof. Schauta of the Vienna clinic believes that atony is the most common cause of hæmorrhage, and that the early expression of the placenta by the Crede method is responsible for it. for in many cases it is the cause of the atony when the placenta is expressed too soon. In the expective treatment of Ahlfeld, hæmorrhage before the placenta is expelled is more copious, but, on the other hand, atonic hæmorrhage is very seldom seen. Schauta attaches much importance to careful watching of the uterus after delivery. If it is well contracted, nothing is done; if not well contracted the fundus uteri is rubbed very lightly. This expective treatment is followed for two or even three hours before the placenta is expressed by manual interference. Prof. Schauta recommends this as the best method of avoiding atony of the uterus after trying it for nine years. In 100 cases which were observed carefully in which the loss of blood amounted to over 1000 g., there were 16 cases after Credé's method, 20 after Ahlfeld's and only 9 after Schauta's. In very rare cases, only as a last resort, is the method of Kocks to be used, that of inverting the uterus artificially and placing a ligature around the cervix for six hours. The method applies more especially to hæmorrhage from large atheromatous vessels. Schauta recommends in these cases to invert the uterus, find the bleeding vessels and to ligate them. The subcutaneous injection of a salt solution is highly recommended for the treatment of extreme anæmia.—*Centralblatt für Gynækologie*, No. 10, 1895.

CREDÉ'S TREATMENT OF THE PLACENTAL PERIOD.—Pelzer has compared Credé's method with the expectant treatment of Ahlfeld's and finds that the loss of blood is much less with the former method. The percentage of fever after Credé's method amounted to 31.3 p., after Ahlfeld's method.—*Ibid.*

THE TREATMENT OF BREACH PRESENTATIONS BY BRINGING DOWN THE FOOT.—Potocki recommends bringing down the foot as a prophylactic measure to avoid the difficulties of breech extraction. Prof. Pinard has found that the foot can be brought down from any position of the breech. The operation is more difficult when the breech has entered the pelvis, but it still can be performed when the breech is on the perinæum. It should not be attempted during the period of dilatation. The proper time is after the complete dilatation of the cervix and rupture of the membranes. The anterior foot is brought down by preference; in the first position with the back to the left and anterior, the left hand is introduced and *vice versa*. Though this operation is always for prophylactic purposes labor should be completed by natural efforts, unless there are special indications to the contrary.—*Centralblatt für Gynækologie*, No. 10, 1895.

SYMPHYSEOTOMY AT THE CLINIC OF BAUDELLOCQUE DURING 1893 AND 1894.—This operation was performed in 1893 thirteen times with one death; all the

children lived. Pinard recommends that the induction of premature labor, the high application of forceps and the perforation of the living child should be abandoned in favor of symphyseotomy. In a report for the year 1894 published in the same journal, he adds the reports in detail of eleven more cases; of these, two mothers died and eight of the children. — *Ann. de Gynæcol. et d'Obstetr.*, January, 1894 and 1895.

RUPTURE OF THE UTERUS.—F. W. Freund has recently called attention to the mechanism of rupture of the uterus, and states that in neglected transverse presentation it is the vaginal vault which is torn rather than the uterus. If signs of threatening rupture of the uterus are present before delivery, or if there is a suspicion of a rupture, it is necessary to make a very thorough examination of the genital tract after delivery, as incomplete rupture of the uterus is often overlooked. The diagnosis of a complete or an incomplete rupture may present great difficulty. Mistakes are made with one as much as the other. If the peritonæum is lifted up and dissected up, as it were, from the uterus, it is felt as a thin yielding membrane, so like the organs of the peritoneal cavity that the examiner is very easily led to believe that he is in actual contact with them. This mistake is made all the more easy when the rupture extends into the broad ligament, as the deep pocket gives the impression that the hand is in the abdominal cavity. It is of the greatest importance to ascertain for the purpose of treatment whether the rupture has extended into the peritoneal cavity, i.e., complete rupture, or if it is incomplete. In a case of incomplete rupture an expectant course is pursued; while in complete rupture operative treatment is likely to be necessary. In the latter form uterine irrigation must not be employed on account of the danger of the fluid passing into the abdominal cavity. The writer treats his cases in the following manner: The uterus is pressed down from above by the hand of an assistant on the hypogastrium; the left hand is introduced into the vagina so that two or four fingers are in the rupture. The canister, filled with sterilized gauze, is held as near as practicable, and a large ball of the gauze is introduced along the hand as a guide up into the laceration, and then strips of gauze are packed in beneath it. Care is taken not to soil the gauze by allowing it to touch the vagina or vulva. The uterus is brought into ante flexion and a firm compression bandage applied. This method of tamponing is an efficient means of arresting hæmorrhage, and, if necessary, the patient can be transported to a hospital for a laparotomy or further treatment. The after-treatment is very simple. The tampon is removed in forty-eight hours with considerable care. Peritoneal adhesions are then likely to have formed if the rupture was complete. The after-treatment from this time on is purely expective. — *Gessner, Centralblatt für Gynækologie*, No. 2, 1895.

THE TREATMENT OF RETRO-DISPLACEMENTS OF THE UTERUS BY VAGINAL FIXATION.—This method of treatment has been tried with success in the Vienna clinic of Professor Schauta. There were some failures at first, because the sutures from the vagina were not placed high enough up on the fundus of the uterus. Since it has been the rule to open the peritoneal cavity and place the sutures high up on the fundus the operation has proved quite successful; in the last twenty-one cases there have been no failures. The transverse incision in the vagina has been abandoned. — *Centralblatt für Gynækologie*, No. 18, 1895.

A CASE OF ENTIRE DISAPPEARANCE OF THE UTERINE CAVITY.—Mrs. X., æt. 25, gave birth easily to her first child. There was no fever in the puerperal period, but there was a continuous flow of some blood. A specialist was consulted, who curetted the uterus in narcosis. The patient's husband stated that the curette was introduced a number of times, and that finally a piece of "flesh" was removed which astonished the operator. This piece of "flesh" seemed to be hard and firm, and could not be crushed in the fingers of the physician. The woman was tamponed, remained well and was dismissed from treatment in eight days. Since that time, two years ago, there has been no return of menstruation and the woman has been sterile. The patient's health is good; she has no trace of hysteria or reflex neuroses. The cervical canal is open for two centimeters only. The cervix was split open and an attempt was made to open the uterus by scalpel and dilator, but without success. Bimanual manipulation showed that the fundus must be seven inches long, but no cavity could be found. This case showed the danger of forcible curetting during the period of fatty degeneration. — *Heinrich Fritsch, Centralblatt für Gynækologie*, No. 52, 1894.

OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

CONDUCTED BY

CHAS. M. THOMAS, M.D.

CORK SPLINTS FOR DEFLECTIONS OF THE NASAL SEPTUM.—Berens reports excellent results from the use of a simple device for a splint in cases of fracture or operation for deflected septum nasi. Plugs of cotton or oakum become too readily foul, while the various supports which have been used have many disadvantages, the soft-rubber tubing being too yielding, while the hard rubber or ivory plugs cause too much pressure and pain. Berens makes his splints from corks in the following manner: A selected cork (pint-bottle size), in average length one and a quarter inches, in breadth at its broad end three-quarters of an inch, at its narrow end one quarter of an inch less, is whittled to the shape of an almond with the point cut off, and flattened on the side that is to lie against the septum; the opposite side near its lower border is slightly grooved for the reception of the inferior turbinated body. A nasal burr or trephine is now used to hollow the splint, leaving the shell one and a sixteenth to one-eighth of an inch thick. A rat-tail file, a small-bladed knife or red-hot metal may also be used for this purpose. Sandpaper is used to smooth both the inner and outer surfaces, and the whole splint is then coated with flexible collodion, to which has been added iodoform in the proportion of 30 grains to the fluid ounce, allowed to dry and it is ready for use. The making of the splints requires no especial mechanical skill, and they can be modified with ease to suit the peculiarities of each case. The special advantages of these splints, which are possessed by no other similar device, are the quickness and ease with which they can be made and shaped to fit the peculiarities of each case; their cheapness, lightness and elasticity combined with sufficient firmness to support the septum; their durability and non-conduction of heat and cold and non-interference with the free circulation of the blood; the ease with which they can be cleaned *in situ* by washing out with peroxide of hydrogen and boric acid solutions, followed by an oily spray, as benzoinol, and the length of time they can be worn without pain, discomfort, or severe ulceration.—*Boston Medical and Surgical Journal*.

CARE OF THE EAR DURING THE COURSE OF THE EXANTHEMATA.—Dowine says that two-fifths of all middle-ear cases examined by him originated during the course of measles and scarlet fever. This does not indicate the number of cases in which the ear is affected during these diseases, but rather points to the proportion of chronic ear affections which follow them. Many acute cases prove fatal, while others, on account of their acute character, have active treatment applied early, by which structural changes are prevented. For relief of nasal discharges the patient should be directed, from the very beginning of illness, to use the handkerchief freely; and if the child is too young to do this, Politzer inflation should be resorted to. Where the case does not come under observation until a late stage, and the pain in the ear is acute, and relief is not obtained by inflation, the membrane should be examined and incised without delay, especially if there be a sudden rise in temperature without other explanation. This operation is of incalculable benefit to the patient, for it not only relieves the immediate pain but saves the deeper structures of the ear and prevents the misery of a chronic otorrhœa, with its numerous attendant risks.—*Journal of Laryngology, Rhinology and Otology*.

INTRA-TYMPANIC INJECTIONS IN THE TREATMENT OF CHRONIC DRY CATARRH OF THE MIDDLE EAR.—Bronner writes, in speaking of chronic dry catarrh of the middle ear, the typical affection which is accompanied by atrophy of the mucous membrane of the middle ear and ankylosis of the ossicula is referred to, more especially of the stapes and fenestra ovalis. Intra-tympanic injections through the Eustachian tube have been recommended and used for a very long time; but of late years they have been abandoned and even denounced as useless and dangerous. They certainly cannot cure the disease and restore the hearing; but they can and do to some extent arrest the progress of the disease, and, in some cases, improve the hearing. We know that chronic dry catarrh of the middle ear is a most erratic disease—that it will remain quiescent for months or years, and then suddenly begin to grow worse without any apparent reason. It is, therefore, of

no practical or scientific value to record the history of cases treated by this method, as these, if not very large in number, would prove nothing whatever. Nor are those cases of any value in which injections have been used for one ear only, as we know that the progress of the disease may be more marked in the one ear than in the other. It is a most remarkable fact that in most cases (in men more especially) the left ear is affected first, and that eventually the right ear becomes more deaf than the left.

Most of the patients whom the writer has treated by injections affirm most distinctly, if they have the patience to come frequently, that the hearing has been much clearer after the injections for periods varying from a few days to as many months. He has tried most of the solutions recommended—nitrate of silver, sublimate, chloral hydrate, lactic acid, sulphate of copper, iodide of potassium, liquid vaseline, bicarbonate of sodium and glycerine. He now uses only bicarbonate of sodium (3 per cent.) with equal parts of glycerine and water, or paroline. The latter can be used pure or with a little bicarbonate of sodium or iodoform. He has used these two remedies hundreds of times and never once has seen any violent reaction. Before use the solutions are sterilized and always applied warm. They are injected with a large Pravaz syringe (which is made of metal and glass, and can be sterilized), either direct through the Eustachian catheter, in which case 2 or 3 drs. are injected, or preferably through Weber-Liel's intra-tympanic catheter, when 20 to 30 minims are used. After injection air is blown through the catheter. At first, four to six injections are made at intervals of a few days, and then every few weeks or months, or whenever the patient thinks that the deafness or feeling of discomfort has increased.—*British Medical Journal*.

ANTISEPTIC EYE SALVES.—Dr. Bach has experimented with a number of antiseptic eye salves, especially those with vaseline as a base, and he finds them of undoubted value on account of their decided antiseptic action. Those of iodoform, boric acid and yellow precipitate are, however, without antiseptic properties. On the contrary, one of bichloride, 1:3000, or the nitrate of silver, 2 per cent., will destroy the germs in a short time. Their properties are not affected by mixing with other liquids as a solution of common salt or tears, which is of great practical importance. Vaseline has been found to be a very poor soil for germs, for it will remain sterile for a long time, and does not become rancid. Therefore, he advises heartily eye salves in preference to collyria, particularly where the patient is to apply them at home.—*Lo Sperimentale*.

THE INFLUENCE OF FATIGUE ON THE AUDITORY FUNCTIONS.—The *New York Medical Journal* contains an abstract of an article which was published in the *Archivio Italiano di Otiologia* for 1894. In order to study this question, says the writer, the author made examinations of twenty-four bicycle riders after they had ridden thirty two miles in two hours and a quarter. Two of the men complained of subjective noises only, while in nearly all of them the perception of sounds by arial conduction was less marked than in the normal condition, and Rinne's experiment showed negative result. In the riders who were subjected to an examination with tuning-forks, a slight diminution in the perception of loud sounds was ascertained. The only lesion noticed was a slight hyperemia of the drum-membrane.

The competitors were again examined after a rest of from two to seven hours, and in six of them the auditory power was found to be the same; in two it was not so good, and in the sixteen others it was better, the arial perception having increased from a few centimetres to a metre and a half, and Rinne's experiments gave positive results. The men in whom the amelioration was most marked, in whom, consequently, the hearing had undergone the greatest change, were those who had had little experience or training.

Physical fatigue, says the writer, evidently causes a temporary weakening of the auditory power. This fact demonstrates besides, he says that the effects produced by great physical exercise are not shown by muscular fatigue only, but they remotely affect the entire organism, and especially the nervous system, while the special senses, on account of the delicacy of their function, are more likely to reveal the effects. The innervation shown by birds of passage after a long flight is a phenomenon of the same nature as that observed by the author in the examinations referred to.

MONTHLY RETROSPECT

OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY

CLARENCE BARTLETT, M.D.,

FRANK H. PRITCHARD, M.D., AND F. MORTIMER LAWRENCE, M.D.

TEREBINTH IN DIABETES MELLITUS.—Dr. Dwight M. Dodge reports a case of diabetes mellitus of three years' standing, which for two years was treated with rigid diabetic diet, rest, and nothing else. About a year ago he came into the hands of Dr. Dwight, who, recalling a desperate case that he had cured with *syzygium jambot*, began with that remedy. Utter failure resulted. Phosphoric acid was tried, with no result except some diminution in the amount of water, the specific gravity remaining about 1034 to 1040. The patient complaining that the diet was fast reducing his vitality, he was told to gradually resume his usual diet, and *arsenicum alb.* 3x was given. He did not dare follow the advice in regard to diet. Ten days later, to the so far ineffective *arsenicum*, there was added *terebinth* 3x dilution, to be alternated with it. Then ensued a remarkable change. In seven days the specific gravity fell to 1015, and there was the merest trace of glucose. A change to unrestricted diet was then insisted upon. Three days later there was no trace of sugar, specific gravity 1014, and the patient said he felt like a new man. Monthly examinations of the urine during the ten months since have shown that the sugar has never reappeared.—*N. A. Journ. of Hom.*

A COMPARISON OF CACTUS AND DIGITALIS.—Dr. E. F. Storke, after reviewing the action of *cactus* and *digitalis* on the heart, compares their indications as follows:

Digitalis is indicated in all diseases of the heart where there is a feeble, fluttering, irregular pulse with a feeling as if the heart stood still with anxiety and oppression. *Cactus* is called for whenever, according to Allen, there is too rapid hypertrophy, where the force of the contractions is too forcible for the valvular lesions and where the blood current is forced too strongly into the brains and lungs, inducing cerebral and pulmonary congestions and hæmorrhages; or, to be more explicit, *cactus* is called for in all diseases where a feeling of constriction, as of an iron band, prevents the normal action of the heart, with suffocation, cold sweat, etc. One point of superiority *cactus* has over *digitalis* is that it may be administered continuously without fear of exciting gastric disturbances, and the objectionable cumulative action of *digitalis* is entirely absent. *Digitalis* is called for in asthenic or overstimulated action of the heart; *cactus* in an asthenic. *Cactus* has the sense of constriction, as of an iron band; *digitalis* has the feeling as if the heart would stop beating if she moved. The palpitation of both is increased by walking and at night; but *digitalis* always has the feeble, fluttering pulse, which *cactus* never has. Both patients are sad and despondent and both have heavy pressive headaches; but that of *digitalis* is in the forehead and temples; that of *cactus* in the vertex and right side of the head. *Digitalis* has morning vomiting and great sense of weakness in the stomach; whereas *cactus* complains of the well-known giddy sensation. *Digitalis* has the nervous apprehension about the heart's stopping, great palpitation, worse at night and when lying down and from the least motion; *cactus* has the same aggravations, save that it is worse when lying on the left side. *Digitalis* has œdema, chiefly of the knee joint; whereas that of *cactus* may attack any of the extremities but is most common in the hand. There are sudden flashes of heat with debility in *digitalis*; but the fever and chills in *cactus* are regular and intermittent. Finally, *digitalis* is to be thought of in all cases of heart trouble where there is an irregular, inter-

mittent pulse, great nervous weakness and aggravation in a warm room; cactus whenever there is that sense of constriction and a morning aggravation.—*N. A. Jour. of Hom.*

CALCAREA PHOS. IN BACKACHE.—Dr. Cash relates the case of a lady, aged 65 years, with an old spinal curvature and dwarfing. She complained of constant pain in the lower part of the back, which she had had for years. Calcarea phos. was prescribed and taken on and off for nine months. The pain was first alleviated and then pretty much removed by the use of this drug. Dr. Cash adds that he finds calcarea phos. useful where backache is complained of in cases of defective muscular power in young women and growing girls with some lateral deviation of the spine, and also when there is old standing scoliosis with marked deformity sometimes in elderly women. In this latter condition its use is exemplified in the above case.—*Monthly Hom. Review.*

SPONGIA IN GOITRE.—Dr. A. Midgley Cash reports the case of a young lady who had a small firm prominent enlargement of the thyroid gland. While she was taking the soft waters of Torquay it remained quiescent, but on going to the chalky soil of Berkshire and drinking hard water it began to give her pain, especially on swallowing. She was given iodum 3x gtt. ij ter die, and an ointment of the red iodide of mercury half the B. P. strength, to be rubbed in. Leaving Berkshire and returning home where she had soft water again, the pain ceased, but the growth remained if anything larger. The ointment caused so much irritation that it had to be stopped. She was then given spongia 6x, gtt. ij bis die. In the course of two weeks she wrote to say that the swelling had gone.—*Monthly Hom. Review.*

FLUORIC ACID IN ENLARGED THYROID.—Dr. Theophilus Ord reports three cases of enlarged thyroid successfully treated with fluoric acid.

CASE I. was that of a laborer, æt. 24, who had been ill for three years, and, under six old-school practitioners, had received no benefit. He complained of weakness, dyspnœa and palpitation, and had had to leave off work for nine months. The thyroid gland was greatly enlarged; extreme dyspnœa on exertion or talking; some ventricular hypertrophy, with excited action of heart. There being a suspicion of syphilis, kali iod. 1x was given, with strychn. nitros in alternation. Under these, general health and symptoms improved, but neck became perceptibly larger. Fluoric acid 6x, gtt. v., t. d. s., was then ordered, with immediate improvement. In a month neck measured one inch less in circumference and had softened, especially on left side. This remedy was continued, and in three months after commencing treatment he resumed work again, and has continued work ever since, feeling perfectly well. He remained under treatment for his neck. After six months fluoric acid ceased to affect the swelling, and spongia 3x was given for three months, with some diminution in size and softening, especially of the right side. Then Hecla lava 3x was given, with marked and continuous effect, for two months, when, as improvement ceased, lapis alb. was tried, with renewed benefit, for a couple of months more. By this time—twelve months' treatment—the thyroid was reduced to almost its normal size, patient's health was perfect, and he has remained well. Patient said his neck had been swollen since childhood, but much worse lately. None of the six doctors he had seen noticed it or told him it was the cause of his sufferings.

CASE II.—Kate P., æt. 16 years, complains of palpitation and dyspnœa; thyroid enlarged, soft and flabby. Iodum 3x, gtt. v., t. d. s., was ordered, and unguentum kal. iod. (B. P.) given, to be rubbed into the gland. After a month of this treatment, the thyroid was much larger and harder. Fluoric acid 6x was then prescribed and continued for two months. In a week there was perceptible improvement in the gland, which continued until the thyroid became soft and almost of normal size, and the patient, considering herself well, passed from observation.

CASE III.—Gertrude H., æt. 15 years, had had a swollen neck for twelve months, and as it was getting larger, she desired advice. It measured 14½ inches in circumference at the fullest point. She had no palpitation or dyspnœa and was otherwise well. Ac. fluoric 6x, gtt. v., t. d. s., was ordered. In a fortnight she returned; the thyroid was smaller, now measuring 14 inches only. The medicine was repeated, and patient did not return.—*Monthly Hom. Review*, February 1, 1895.

THE THERAPEUTICS OF INFLUENZA.—In the *Homœopathic World* (March 1, 1895) the remedies for influenza are editorially recapitulated as follows:

The drug which comes nearest to being a specific is *baptisia*. The heaviness, besotted appearance of the eyes, headache, foul tongue, sore throat, soreness all over and general uneasiness, with or without fever, reproduce the main features of *baptisia*, and this medicine, given in any potency, will quickly cure a large proportion of cases. Even when cough supervenes, *baptisia* will often do all that is required for that.

Bryonia will be preferable when the aggravation from movement is well marked, headache aggravated by coughing, cough causing pain in chest relieved by lying on painful side.

Sanguinaria.—Cough and coryza pains chiefly on right side of chest or right shoulder, expectoration difficult, great relief when it comes up.

Cimicifuga Racemosa.—Pains in the eyeballs or back of eyes very marked. Pain in head, nape of neck and back and muscles generally. Restlessness and sleeplessness at night.

Glonoin.—Bursting pains in the head or any other part will single this drug out in preference to any other.

Belladonna.—Violent throbbing headache, sore throat, hoarseness, dry cough, heat of skin and restlessness, inflammation of the ear, especially of the right, neuralgia right side of face and head.

Phytolacca.—This medicine also covers a large number of cases. The especial indication is inflamed and enlarged tonsils, with white spots (the herpetic sore throat of Trousseau). It has also intense headache and pains in the back and general rheumatism. It is allied botanically to *belladonna*. Aggravation from damp is a characteristic feature, rendering it suitable (like *rhus*) for cases in which a wetting has been the determining cause of the attack.

The well-known indications for *aconite*, *arsenicum*, *camphor*, *gelsemium*, *nux vomica*, *sulphur*, etc., will single them out where cases present themselves. There is, however, one remedy which has proved of very great service in removing the great debility so often left behind, and that is *psorinum*. Intense prostration and desire to lie down and great sensitiveness to cold air are the leading "notes" of this remedy. The 30th potency is the lowest which is ever prescribed, and this, given two or three times a day, will answer all purposes.

TWO CASES OF TUMOR CURED BY MEDICINE.—Dr. P. C. Majumdar, of Calcutta, India, records two cases. In the first, a delicate boy of twelve had a protuberance on the right side of his cheek; the superior maxillary bone was pushed out. It was about the size of a large orange, extending from the outer border of the nose to the outside of the cheek-bone; it did not invade the orbital fossa, but the hard palate was pushed out to some extent and on pressure hard, resistant bone was felt underneath the finger. The patient complained of no pain anywhere. He was examined by a prominent surgeon of Calcutta, who declared it to be a tumor of the antrum of Highmore, and nothing but operation was the remedy. He was brought to Dr. Majumdar, who administered calcarea carb. 30 for a week, without affording relief. Silicea 30 gave no improvement in five days. Finally, calcarea fluorica 12, one dose every third day, was given. In a fortnight some improvement was noted, and sac. lac., one powder a day, was given. Gradual improvement continued, the tumor growing smaller and smaller, and about a month after the last administration of sac. lac. no trace of the tumor was left. The patient has continued in good health up to this time.

The second case was that of a young lady, aged 19, who for two months had suffered from uterine hæmorrhage. The loss of blood was alarming, and she became pale and bloodless in consequence. Dr. Majumdar gave sabina 3x, one dose morning and evening, and there was no hæmorrhage for a week, but the next day it reappeared. Secale cor. 3x checked it for a time, but it reappeared with double violence. A female doctor was called in, who, after careful examination, found a polypus in the vaginal wall as large as a pigeon's egg. Dr. Majumdar then administered sanguinaria 3x three times a day, and an injection of the same, ten drops of the mother tincture in two ounces of water. Three days after the tumor was dislodged, and hæmorrhage stopped for the last time.—*Hom. World*, March 1, 1895.

APIS IN BRIGHT'S DISEASE.—Dr. Wingfield reports the case of a woman, aged 40, who had been ill with Bright's disease for five years, and under "regular" treatment was gradually growing worse, with increasing anasarca. When first seen, the whole body was enormously œdematous, the face so much swollen that

the features could not be recognized, the abdomen greatly distended with fluid, and the legs twice their natural size. Albumin was one-half. * She had been delirious on and off for five days, and was given up as hopeless by friends. As a forlorn hope, apis mel., 3x, gtt. ii., every two hours was tried. The effect was immediate and astonishing; large quantities of urine began to pass and anasarca rapidly decreased. Improvement was steadily maintained. After some weeks, arsenicum 3x was given. Patient rapidly recovered, all symptoms disappearing and leaving only a trace of albumin in the urine. The patient has now been able to attend to ordinary household duties, and has had no relapse for three years.—*Monthly Hom. Review.*

SILICA IN GLANDULAR TUMOR.—Dr. Wingfield reports the case of John M., aged 35 years. A year previous, a small, hard lump appeared under the angle of the right lower jaw. He consulted a non-homœopathic hospital surgeon, who said it was an enlarged gland due to bad teeth, and advised their removal. The teeth of the right lower jaw were extracted, but the swelling became rapidly larger. He visited the old-school hospital again and was told it would have to be removed. Declining this operation, the patient applied at the homœopathic hospital. There was seen to be a large tumor, the size of a man's fist, of stony hardness, extending from the angle of the jaw to the lobe of the right ear, which was pushed up by it. He was quite deaf on that side. Ordered silica 6x, under which the whole tumor disappeared in three weeks, leaving no trace of its presence.—*Monthly Hom. Review.*

APIS IN PLEURAL EFFUSION.—Dr. A. Spiers Alexander reports the case of Maude W., æt. 16, admitted to the Devon and Cornwall Homœopathic Hospital, April 11, 1894. She had been ailing a month, but worked up to that date; she complained of pains of left side and shortness of breath. Examination revealed the back bulging on the left, dullness on percussion all over, vocal fremitus absent, temperature 102.2° F. Apis mel., 3x every two hours, was ordered. Temperature decreased a degree daily for three days, on the 14th being subnormal, rising about a degree at night. On April 17th she was much better, vocal fremitus and breath sounds returning; left thorax bulged less; apis continued. On April 2th the percussion note was quite clear for the upper half of back, and clearing below. Sulphur 6 t.d.s. was now given. On May 1st there was only slight dullness at the base and she felt well. Sulphur was repeated, and a few days afterward she was dismissed cured.

Dr. Alexander remarks: "Apis was not suggested on subjective symptoms, but on purely pathological grounds. There is no evidence that apis ever caused hydrothorax, but its well-recognized power of inducing œdema of the cellular and mucous tissues suggests its affinity for fibro-serous membranes likewise, and indicates the general direction of its action. Subjective symptoms, suggestive of pleuritic effusion, are not, however, wanting among the provings, e.g., oppression of chest, dyspnoea, short, rapid breath, pulse accelerated (*vide Cyclopædia of Drug Pathogenesis*, vol. i., p 317), but inasmuch as these symptoms are common to other pulmonary conditions, they do not form a sufficient guide for drug selection.—*Monthly Hom. Review.*

BAPTISIA IN TYPHLITIS.—Dr. Wingfield records the case of a lad of 19, ill some days. There was continual pain and great tenderness over the colon; distinct swelling to be felt; temperature, 104° F. Under *merc. corr.* and *bryonia*, patient became worse; pain and high temperature were unrelieved; then tongue became dry and brown, and typhoid condition supervened. *Baptisia* ♀, gtt. ii., every two hours, ordered. Improvement set in soon after, pain and swelling disappeared, and patient required no other drug until convalescence was established, making an excellent recovery, without any relapse or subsequent symptoms.—*Monthly Hom. Review.*

CROTALUS IN CHRONIC SORE THROAT.—Dr. Wingfield records the case of Miss F., aged 19, who said she had suffered for three years, off and on, from pain in the throat; worst on swallowing saliva; no difficulty in swallowing food and liquids; it always felt worse after sneezing; had been under other treatment without cure nearly the whole time; felt quite well in other respects. On examination, nothing except slight swelling and redness of right tonsil could be found; given crotalus 6x. This, persisted in for two months, completely cured the trouble without other treatment.—*Monthly Hom. Review.*

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CLINICAL VERIFICATION AND BRIEF SYMPTOMATOLOGY OF AZADIRACHTA INDICA.

BY HARIDAS CHAKRAVARTI, SERAMPUR, BENGAL, INDIA.

(Read before the American Institute of Homœopathy, Newport, R. I., June, 1895.)

THE importance of this medicine is so largely known in India, that from time immemorial *nirn* has been in extensive use among the people of that country as a very popular and commonplace drug. From the following version of a well known saying, it will be seen in what high estimation *azadirachta* has been held in that country:

“The land where Nirn and Nischinda abound
Can Death, Disease therein be found?”

Since 1885 we have had only four cases of proving with a tincture prepared from the bark of *Melia Azadirachta*. The first two were under the supervision of my old friend and colleague, Dr. P. C. Majumdar, of Calcutta. In the remaining two made by myself and another assistant, we discovered many finer shades in the symptomatology of *Azadirachta Indica*. A synopsis of these were published in the *Medical Advance*, vol. xxv., page 423.

The symptoms of *azadirachta* are not common to most of our

ordinary remedies, and, therefore, no great difficulty is found in its selection when the patient, amongst a host of other complaints, complains of an almost constant bitter taste in the mouth, and especially in the throat; occasional sensation of fulness in the abdomen, relieved by passing of wind both upwards and downwards (unlike *argent. nitr.* and *lycopod.*, both of which have this sensation in an enormous degree, felt especially when taking a few mouthfuls); and last, but most prominent of all, the sensation of burning and glowing heat, especially on the face, eyes, palms of hands and soles of feet, coming on every afternoon. This last symptom I fail to find in any other remedy. One day I visited the office of a Calcutta homœopath, an earnest student of our materia medica, when he was prescribing for a case. Hearing the symptoms of the patient, I thought the doctor would prescribe *azadirachta*. But I saw him dismiss the patient with a dose of *sulph.* 200, and placebo a few doses. After the patient had left, I asked him what led him to prescribe *sulphur* for this patient. He told me that the case was of so obstinate a nature, that seemingly the best indicated remedies failed to make the slightest amelioration of his sufferings. So he gave him *sulphur* simply to pave the way for the operation of other medicines. He also told me that the patient had been attending his office for more than a fortnight; and *pulsatilla*, *lycopodium*, *arsenic*, *nux vomica*, *rhus tox.*, etc., had been of no avail. I suggested a trial of *azadirachta*, which he gladly accepted, and promised to try it when the patient next called at his office. About a week later I received a letter from my friend, telling me "that the patient would certainly have never been cured had your *azadirachta* not been given." Another similar and rather worse case of intermittent fever with chronic enlargement of the liver and cough was cured with *azadirachta*; which I shall cite as:

CASE I.—K. D. G., aged 34, came to my office on March 26, 1893, with the report of his friend's case which was for some time under my treatment. He, as is generally the case with persons suffering from protracted illness, in the way of conversation asked if I had seen any case like his cured. He had been suffering from what he called liver for the last six or seven months and had been under the treatment of the best old-school doctors, among whom he named one of my former professors,

a most successful and learned physician of Calcutta, but without the least benefit. He was a clerk by profession and for long had very intemperate habits; but he never had syphilis or gonorrhœa. He was also a habitual opium-eater. His eyes, hands and feet felt constantly hot and burning, more so from noon to evening. The burning heat was partly relieved by application of wet cloth. Constant bitter taste in the mouth and throat, the former being very dry also. Very often he was troubled with distension of the abdomen accompanied by belching of tasteless wind. Hard and insufficient stools passed with great difficulty. Urine very high colored. There was a dull pain under the right shoulder-blade. The liver was felt to reach about one inch above the navel. Received *azadirachta indica* 6, six powders to be taken every morning and evening. He did not come to me till 8th June, and that was to give me a call for his brother. The condition of his physique was so much improved, that I could not recognize him at first sight. He told me that the six powders I gave made him all right, and therefore he had no necessity of coming back to me.

CASE II.—K. C. K., aged 26, an apprentice in the Serampur printing house, feels every afternoon feverish, with aching in the temples and burning heat especially in the eyes, palms of the hands and soles of the feet. The heat, not preceded by, but rather mingled with chilliness. Mouth dry with very little thirst. Urine high colored and scanty. Sweat breaks out in the evening, with marked relief and is more profuse on the forehead, hands and feet. Taste constantly bitter, bowels costive, and appetite diminished with a constant feeling of satiety and relief from occasional eructations of tasteless wind. On the 4th March, received *azad.* 6, *ter in diem*. On the 6th March his case reported to be rather worse. *Sac. lact.* t. d. No more fever thereafter.

CASE III.—G. C. C., a landholder, aged 40, had attacks of double tertian intermittent fever, with gastric complication, twice suppressed by quinine. He had again relapse of the same in slightly modified form. The chill, which during the present attack came on the first day at 11.30 A.M., second day at 1 P.M., and third day at 3 P.M., was every time preceded by stretching, commenced from chest accompanied by violent thirst with vomiting, worse after drinking. The heat, characterized by violent burning, especially on the eyes, face, palms and soles, was accompanied with thirst compelling him to drink much and often. Vomiting of bile and watery fluid aggravated by drinking. Accumulation of sticky saliva in the mouth. Cough with expectoration of thin, white mucus. Sense of fullness in the abdomen with throbbing headache. Eructation and empty retching. Profuse sweat with gradual relief of all the

symptoms followed at 6 P.M., 3.30 A.M., and 5 P.M., on the respective days of the paroxysm, and broke out from forehead down to all over the body. His mouth and throat felt constantly bitter. Tongue coated white with yellowish fur on the root, and clear edges, but bearing imprints of the teeth. On the 18th September, 1893, he received *azad.* 6, to be taken every two hours during apyrexia. 19th September, he had no fever but bitter taste slightly increased in the afternoon. I gave him *placebo*. 20th September, to my greatest surprise, I saw him entering my office-door exclaiming, "doctor, I never felt so strong and easy when I took quinine for my fever. I came to see you on my way from the court, where I was urgently required to attend to-day." Since then, he had no relapse.

CASE IV.—Female, aged 25, mother of four children. Seventeen days after the delivery of her fourth son was attacked with fever. The lochial discharge, after continuing in the usual quantity for six or seven days, gradually diminished, causing increasing tenderness of the uterine region till it completely stopped, when she began to feel feverish. The chill, preceded by yawning, came on every day at 2 or 3 P.M., and was relieved by external covering. The chill was followed by a violent burning heat, especially in the eyes, face, palms of hands and soles of feet; better on exposing them to the open air, and was accompanied with throbbing headache and dryness of the mouth, without desire to drink—the sweat breaking out in the evening, with complete relief of all the symptoms. She felt hungry just after the paroxysm of fever was over; also, she frequently complained of distension of the abdomen, with relief from occasional eructation of tasteless wind. Action of the bowels so tardy that she could pass but one stool during the last seven days. The uterine region and the corresponding part of the back were painful; also, there was bitter taste in the mouth and throat. The day before I paid her my first visit, *i.e.*, on the 27th April, 1893, she had two paroxysms of fever, one at 3 P.M. and the other at 3 A.M. Gave *azad.* 6, to take every three hours during apyrexia. On the 29th of April she had very slight heat during the afternoon. 30th of April, no fever, pains much less. 1st of May, no fever, no pain.

CASE V.—Female, aged 18. Fever comes on one day about 11 A.M., and on the next day about 3 P.M., the chill preceded by stretching. During chill, thirst, and vomiting after drinking. Heat characterized by burning, especially of the eyes, face, palms of hands and soles of feet; slight thirst, with dryness of the mouth; aching in the limbs, throbbing in the head; sweat commences at first on the forehead and afterwards down to the trunk and upper extremities; profuse on every other day,

with complete abatement of all the sufferings. She also complained of bitter taste in the mouth and throat, feeling of abdominal distension, with partial relief from occasional eructations of tasteless wind, and constipation, with passage of hard, knotty, and insufficient stools. On the 4th of May, 1893, I gave her *azad.* 6, to take every two hours during apyrexia. 5th of May, was slightly feverish during the afternoon; *sac. lact.* 6th of May, cured.

If time and space would permit, I could cite numbers of cases of fever of similar nature cured with *azadirachta*. As regards the action of *azadirachta* in other diseases, my experience is very meagre. A Calcutta homœopath, one of its provers, once told me that he had found it very efficacious in asthmatic attacks worse during morning. Accordingly, I administered the sixth dilution in a case of morning asthma, with feverishness and the characteristic bitter taste, abdominal distension and burning heat; but found no improvement in the main disease, except some abatement of accompanying symptoms. Before concluding, let me produce a summary of the symptomatology of

AZADIRACHTA INDICA.

Mind.—Forgetful; making mistakes in writing and spelling; dulness, as if tipsy.

Head.—Giddiness, especially when rising from a sitting posture; headache, with vertigo; throbbing in the temples, especially on the right side; dull pain, with slight pressure in the forehead; headache worse on moving and application of wet compress.

Eyes.—Red, congested and burning, with slight *coryza*; burning in the eyes.

Ears.—Buzzing in the ears; cracking worse on opening the mouth.

Face.—Glowing heat of the face; countenance pale.

Nose.—Running of watery fluid from the nose.

Mouth.—Dryness of the mouth; thirst increased, compelled to drink at long intervals; slight difficulty in deglutition; left-sided sore throat.

Stomach and Intestines.—Great fulness in the stomach, notwithstanding loud eructations of tasteless wind, especially when moving about; painful tension in the hypochondria; slight dis-

tension of the abdomen, with frequent passing of offensive flatus, especially when walking; also with rumbling; stools insufficient and knotty.

Urinary Organs.—Urine scanty, high-colored and scalding.

Respiratory Organs.—Very troublesome cough after bathing; white lumps expectorated with difficulty; dry cough in the afternoon, and at 10 or 11 P.M.

Chest and Sides.—Aching in the lower part of the right chest below the nipple; stitches in the chest.

Extremities.—Numbness of the limbs; gnawing in the leg; pain in the coracoid process of the right scapula felt when writing or moving the arms; burning in the palms and soles.

Sleep and Dreams.—Sleepiness during the day; sleeplessness at night on account of the burning of the hands and feet; dreams of quarrels and beatings in the latter part of the night.

Fever.—Commencing with very slight chill or without chill, mostly in the afternoon. Glowing and burning heat, especially in the face, eyes, palms and soles; better in open air; copious sweat, especially on the forehead, neck and upper part of the body.

Skin.—Itching of various parts of the body without the appearance of any eruption; nettle-rash appeared on the forearm only, without any previous itching.

A POINT IN THE TRAINING OF YOUTH.

BY CHARLES S. MACK, M.D., ANN ARBOR, MICH.

Professor of Materia Medica and Therapeutics in the Homœopathic Medical College in the University of Michigan.

(Read before the Homœopathic Medical Society of the State of Michigan, May, 1895.)

WE hear a great deal of the breaking of health attributed to the hurried, anxious, nerve-trying life common among business men and among women who are overtaxed by responsibilities connected with social or philanthropic duties. I remember seeing a few years ago an obituary notice in which a woman's death was attributed to over-exertion in the establishing of

kindergartens. That she was a very estimable lady, and that her career was most useful I have no doubt, but that she died of establishing kindergartens I have no suspicion. We all know perfectly well that few, if any, of these breakdowns are due to honest work, pure and simple. They are very largely due, I think, to habits of thought and feeling which a judicious training in youth might have done much to avert, and I want to say a few words in regard to this judicious training,

I do not know that any one lives who could confidently speak in much detail of thought and feeling as unfavorably affecting health, but there is an idea, and I think it correct, that greed, envy, jealousy, disappointed ambition, and other feelings with their false notions bear causative relation to disease of the body. With no attempt at detail in the subject before us, I would advocate as a hygienic measure that we do all we can to centre the real interest of young people in something else than self. What I urge is not fanaticism. I recognize perfectly well that every one has, and of necessity must have, an interest in self. Self is a necessary condition to our relations with anything outside of self, and care of self is, therefore, necessary to the accomplishment of any worthy end. What I here deprecate is the training of youth to a life self-centred in such a way and to such a degree that their contentment in life will depend upon pre-eminence in the eyes of their fellows. Much training of young people to-day need hardly be varied if our object were to make such pre-eminence the aim of their existence; the process is begun with the child by injudicious parents and friends who dwell upon his beauty or his smartness or his goodness or other characteristic which one would far better quietly and gratefully accept as a blessing than laud as a mark of superiority. Later, the boy or youth is too often permitted to think, or even trained to think, that pre-eminence because of riches, fame, or power, is *the* essential to success in life. All this is bad, and leads to that diathesis which may fall a victim to whatever disease-inducing power there is in envy, greed, jealousy, or disappointed ambition.

Of course, the counter influence to anything which I here cite as bad in the training of youth is whatever tends to the substitution of usefulness instead of pre-eminence as the aim in life.

THE THERAPEUSIS OF OFFENSIVE ODORS.

BY W. S. SEARLE, M.D., BROOKLYN, N. Y.

To the student of medical history some of the pathological ideas now obtaining currency in the old, empiric school of medicine afford a fresh illustration of the truth that "there is nothing new under the sun" not only but a farther proof—where none was necessary—of the far-seeing wisdom of the illustrious founder of the new.

Ptomaines, leucomaines, toxins, antitoxins, etc., words that "roll trippingly off the tongues" of the revilers of Hahnemann and his doctrines of psora, sycosis and syphilis, are simple re-discoveries, and embody the conceptions of the master, a century ago, as to the origin and foundation of many forms of chronic disease. New words and phrases do not always stand for new ideas, and the intelligent student of Hahnemann's writings may find in these much of the pathology obtaining credence to-day.

True, he voiced his conceptions in the words of his time, as was unavoidable, and they were clad in a garb unfashionable now. They were cumbered, too, by the mysticism of the last century. But the great central pathological ideas embodied in the psora and sycosis of Hahnemann are only redressed, and presented to us by modern pathologists as a part of the vaunted progress of their science in 1895.

That human beings, and, possibly, all living organisms produce toxins, which are excreted through some or all of the emunctories, and which, when overabundant or retained in the body, are detrimental to health will hardly be questioned by any experienced and thoughtful physician.

The full meaning, purpose and effects of such elements, either in their relations to the organism that originates them or to those foreign to it doubtless still lie beyond our ken. Of their substance and structure we are also ignorant. So far, none of them have been isolated nor chemically studied. But the conviction that such entities exist, and are effective causes of disease is being forced upon us, and becoming accepted as

pathologic truth. Careful studies of such excretions are being made and it seems likely that some of them will soon be better known.

Already it is held that the various bacilli are harmless in themselves but that they excrete toxic material which produces disease, while the organism subjected to such poisonous influences is competent to develop antitoxic and protective materials or forces.

Clinically, this appears to be established by well-known facts in the history of some zymoses, and the antitoxins are being actively sought and empirically employed.

Such theories and therapeutic measures based upon them are attractive, and have much to recommend them to both the lay and medical mind. But such practice has been shown to be not entirely devoid of danger. The new attempts at healing have been discouraged by serious complications and sudden and unexpected death as well as by the incredulity of prominent medical observers who are in a position to intelligently criticize reported results.

But, aside from all this, I have not unfrequently noticed instances of chronic disease where apparent recovery has been followed by unanticipated relapse when offensive excretions were persistent during seeming convalescence.

I have also witnessed the occurrence of death, with so-called uræmic symptoms, in Bright's disease, even when the excretion of urea far exceeded that of other similar patients whose lives have been prolonged for many years without disturbances of this sort. Nor am I at all singular in this latter observation. It has been long and clearly recognized, and various explanations thereof have been attempted.

While I am, as yet, unable to assert that, in such instances, offensive excretions always exist, still I have sufficient experience to warrant a strong suspicion that such is the fact.

It certainly appears to me to be true that curative results are much more difficult of attainment in chronic cases which present this feature, even if the existence of such excretions be not the essence and distinctive peculiarity of all chronic disease. To this also testifies the fact that protracted warm baths, which favor a more speedy and complete evacuation of at least some toxic matters from the system through the skin, are of

most important therapeutic assistance in Bright's as well as other chronic diseases.

How far it may be true that supposed substances of this sort are distinguishable by the sense of smell is also problematical. It is to be noted, as bearing upon this point, that healthy infants and adults, living upon simple diet and kept reasonably clean, never thus offend the noses of others. Such odors as they do give off, while some of them are normally offensive, never come from their breath nor skin. We speak of them as sweet and clean.

It is also notable that the sense of smell in the human race is quite rudimentary when compared with that of many domestic animals, while the organs of those that are classed as wild are almost incredibly acute.

Still, our noses are sharp enough to detect, and even rudely classify, some of these malodorous excretions, and our drug-provers (all too negligent in some other important and more obvious lines) have recorded a few observations of this sort which I am inclined to think have been too lightly estimated and too little employed in therapeutics.

I readily confess to a late awakening in this regard, and to a competence for such a study far inferior to that of many of my colleagues. Still, as such a study of our *materia medica* is unknown to our literature, so far as I have observed, I venture to record the little of which I am capable, in the hope that wiser students may supplement my poor beginnings.

A somewhat careful reading of our *materia medica* under the rubrics of sweat, stool, taste, breath and urine reveals the fact that only nine drugs produce offensive secretions in them all.

These are *arsenicum*, *arnica*, *baptisia*, *graphites*, *lycopodium*, *mercurius vir.*, *nitric acid*, *petroleum* and *sepia*.

It may be that *kali phos.* should be added, though, so far as I know, it has never produced nor cured an offensive condition of the urine.

Arsenic.—It seems clear that the offensive excretions attributed to this drug are late or even secondary or reactive in character. It must be given in small doses and for a long time before it produces such symptoms. Indeed, it is only in very low or typhoid conditions that offensive excretions will be found combined with the classic characteristics of arsenic.

"*Putrid*" is the word employed to describe its taste and stool, and the pathological condition to which it corresponds is that of gangrene.

Arnica and *Baptisia* may be regarded together, so closely are they allied, and so often are they indicated in acute forms of disease. Of such well-known drugs it is unnecessary to speak here, further than to remark upon the eructations of *arnica*, which remind one of *bad eggs*, its taste which is "*putrid*," and its stool which is "*foetid*." Diphtheria, septic conditions, and fevers of a typhoid type are their especial sphere. *Baptisia* also has "*putrid*" stools. Its other excretions are classified as simply "*offensive*."

Graphites, lycopodium, sepia, and perhaps petroleum, may be classed together as drugs which profoundly affect the nutritive sphere, and are especially adapted to dyscrasias or chronic disease. Of course, there are other drugs of which this may be said, but these are all, I think, which produce offensive secretions of all of the five varieties named.

It is notable, that the sweat and breath of graphite have a "*urinous*" odor; like *arnica* it gives eructations like "*bad eggs*." Lycopodium gives the breath and sweat the "*urinous*" smell also.

The taste of sepia is "*like manure*," and its stool is "*foetid*." The breath of petrol. is "*like onions*," and its taste is "*rancid*." Its eructations resemble *arnica*. Of the distinctive peculiarities and characteristics of graphite, lycopodium, and sepia, it is unnecessary to speak. They are fairly well understood. But of petroleum little is known. It would appear to be indicated in lithæmia, and in the eczema dependent upon that dyscrasia. It may be of use in the gouty kidney when the breath and taste correspond as above.

The pathogenetic characteristics of *mercury* are familiar to all. Its sweat is "*sour*" in smell. Its taste is "*putrid*," or like "*bad eggs*," or "*manure*." But a drug so thoroughly comprehended should rarely fail of accurate prescription by the homœopath.

Nitric acid is unique in its action, and therefore easy of application. Its peculiar "*pricking*" pains, which have been produced even by inhaling its fumes, are rarely if ever absent when it is the appropriate remedy. Its urine and sweat have

an odor "like the urine of the horse." Its stool is both "putrid" and "fœtid." Probably, no drug in our whole list rots (so to speak) the entire body so quickly and completely. It is a king among remedies, has a wide sphere and is too little used.

Five drugs affect four of the emunctories considered:

Carbo. veg. is, in my experience, a very greatly overrated drug. Clotar Müller, in detailing his experience some years since, in the *British Journal of Homœopathy*, credits it only with curative power in epistaxis. In passive congestions of that sort it has also served me well, I think. But, aside from this, our literature affords very little clinical confirmation of its long and vaunted pathogenesis. I take no stock in its power to produce "cadaverous" and "putrid" stools. That in massive doses it may relieve such conditions is probably true, but such action is not homœopathic.

Calc. carb. produces "sour" sweat," a taste "like manure," a stool smelling-like "bad eggs," while its breath and urine are simply classed as "offensive." The drug is an old, familiar, well-tried, and very useful remedy, not to know which argues one no homœopath. It needs no explication at my hands.

Kali phos.—Of this unproven intruder into the *Materia Medica Pura*, it is necessary to say little. Like all drugs whose apparent value is derived *ex uso in morbis*, its true worth is extremely doubtful. Phosphorus, we know, has very limited powers to produce offensive discharges, while potash is credited with none. Until proven its sphere must remain *sub judice*.

Secale we know to be capable of so depressing organic life as to produce gangrene. Nothing specific or distinctive is recorded of its offensive excretions, but it does not thus affect the perspiration.

Three of the emunctories only are affected by aloe, agaric, benzoic acid, bryonia, china, iodine, kreasote, rhus and sil.

Aloe influences the sweat, stool and urine only and presents no peculiar odors.

Agaric m.—Under this drug we find "rancid" taste, "sour" breath and "fœtid" stool.

Benzoic acid is said to render the breath, stool and urine offensive. It is questionable in my mind how much of this may be due to its unchanged excretion. It has proven a disappointing drug when prescribed from this standpoint.

Bryonia affects the breath, taste and stool. Its breath and stool are “*putrid*” and its taste “*rancid*.” These effects appear to be due to its disturbance of the digestive processes.

China causes “*cadaverous*” stool. Its other excretions are not distinctive, but it renders the breath and urine offensive.

Iodine affects the breath, stool, and urine, but shows no distinguishing features.

Kreasote.—Of this drug, my experience leads me to conclusions similar to those expressed regarding benzoic acid.

Rhus touches the breath, taste and stool. Its breath is ranked as “*putrid*,” its stool as “*foetid*,” and its taste as simply offensive. Its clinical field is well known.

Silica gives us offensive sweat upon the feet. Its stool is “*cadaverous*.” Its taste like “*bad eggs*.”

Of other drugs quite a number affect one or two of the secretions—some in a very distinctive manner as is noted below. It would seem, then, that our armory affords about twenty reliable weapons with which to attack toxic forms of disease. One more general remark seems to be obvious. Those drugs which produce foul odors in the sweat and urine appear to act with wider swing and deeper penetration than those affecting only the taste, breath and stool. This is quite natural and would seem likely, for disturbed or imperfect digestion with its attendant chemical changes in the food is quite competent to account for offensive peculiarities derived from the “*prima viæ*,” while odors from the urine and sweat must find their origin in the blood.

Is this not a hint that in our search for antitoxic remedies we should give the greater heed to offensiveness of the excretions through the skin and kidneys?

PECULIAR ODORS.

Omitting drugs simply classed as affording offensive excretions, the following *résumé* may save time to the busy practitioner.

SWEAT.

Urinous.—Berb., bov., graph., lyc.

Like the Urine of the Horse.—Nit. ac.

Like Onions.—Bov., art. v.

Like Rotten Eggs.—Staph.

Sweetish.—Caladium, thuja, puls.

Sour.—Merc, sil., bry., and many others.

Spicy.—Rhodo., guarea.

Burnt Odor.—Sulph.

Elder Blossoms.—Sep.

Musty Straw.—Nux v.

URINE.

Ammoniacal.—Aloe, am. c., asaf., aur., bell., bro., buf., cai., coc. c., equi., ger., iod., lyc., nit. ac., ret., pho., puls. u., stro., sumb.

Aromatic.—Benzoic ac., carb. ac.,*eupt. pur.

Fetid.—Bapt., bor., calc. c., c. v., colc., graph., sep., tereb.

Fishy.—Uran.

Putrid.—Aloe, aurum m., hell., spirea.

Resinous.—Chel.

Sweetish.—Aeth., fer. i., hyper., kal.

Like Cat's Urine.—Caj., viola t.

Like Horse's Urine.—Abs., nit. ac.

Like Bad Eggs.—Daph. ind.

Like Garlic.—Cup. ar., gamb., phos.

Like Burnt Horn.—Aurum m.

Like Musk.—Oci.

Like Russia Leather.—Cle.

BREATH.

Putrid.—Aur., bry., lyc., merc. c., nit. ac., plant., pet., rhus, sab., senega.

Sour.—Agar., coc. c., graph., nux v., sulph.

Musty.—Alum, nat. c.

Urinous.—Graph., Lye.

Like Cheese.—Aur., kali c., mez.

Like Onions.—Carbo. sulph., pet., pho., sin. u., tel.

TASTE.

Putrid.—Arn., ars., asclep., cup., eupt., ham., graph., iris, kali b., leob., merc., nux v., puls., plant., rhodo., sep., sil., sulph.

Gaseous.—Pic. ac.

Rancid.—Alum, agar., bry., hell., fer., k. iod., nat c., pet.

Urinous.—Psor., senega.

Musty or Mouldy.—Led., lyc.

Like Manure.—Calc. c., merc., sep.

Like Bad Eggs.—Acon., Arn., fer., graph., mur. ac., merc., sil.

STOOL.

Putrid.—Ars., bapt., bor., bry., carbo v., china, coloc., ip., nit. ac., nux m., podo., sep., sil., stram.

Cadaverous.—Asclep., bis., c. v., china, kreos., lach., sil., stram.

Fætid.—Agar., argt. nit., Arn., calc. c., cocc., grat., iod., iris, kreos., lept., nit. ac., pho., rhus, sep., sulph., tereb.

Like Rotten Cheese.—Bry., hep.

Like Rotten Eggs.—Asclep. t., calc. c., cham., hep., sulph.

Mouldy.—Op., pho.

Sweetish.—Pic. ac.

THE KLEBS-LOEFFLER BACILLUS.

BY L. D. MEADER, M.D., CINCINNATI, OHIO.

Demonstrator and Lecturer on Bacteriology, Pulte Medical College.

(Read at the Thirty-first Annual Session of the Homœopathic Medical Society of Ohio, Cleveland, May 14-15, 1895.)

IN 1883 Klebs first discovered the bacillus of diphtheria, in stained sections of the false membrane, and Loeffler, one year later, succeeded in making pure cultures of it, and proved, by inoculating rabbits, guinea pigs, chickens and pigeons, that it produced the true diphtheritic membrane. Oertel, in 1868, and Cohn, in 1872 and 1873, claimed to have discovered the germ of diphtheria in the micrococcus which often accompanies it. This theory was accepted as true until Billroth, in 1874, threw doubt upon it, claiming the micrococcus to be merely a septic organism, and in this he was supported, in 1882, by Woods and Formad. This led to further investigation, with the result above mentioned. Since 1884, Loeffler, von Hoffman, Roux and Yersin, Welch and Abbott, and Escherich have made most thorough investigations of the subject, with the result that now

no bacteriologist hesitates to confirm the identity of the K.-L.-B. with the germ which causes diphtheria.

The bacillus is found in the false membranes of diphtheria and diphtheritic croup during the course of the disease, and pure cultures have been made from the throat six weeks after the disappearance of the membranes. In no case has the bacillus ever been found in the blood of the heart or spleen after death, thus showing that it is by the toxine it produces, and not by the multiplication of the bacilli in the body, that its deleterious effects are produced. It has also been found in the dust of diphtheritic wards of hospitals, and in the clothes of the attendants.

The bacillus presents the appearance of rods, straight or slightly curved, which are nearly as long as those of the tubercle bacilli. They are from 2.5 mikron to 3 mikron in length, and 0.7 mikron broad, looking very much like the kind of sponge cake known as lady-fingers, the extremities being rounded, and slightly thicker than in the middle. When stained, there is a clear space left in the centre, the extremities being deeply colored. When grown in bouillon made from veal, which is the best known liquid culture media for this bacillus, the culture grows in the form of small clots upon the sides and at the bottom of the tube. In slides made from this culture, the bacillus is often found in groups of two or four, the rods of which are parallel, crossing each other at a more or less acute angle. In cultures kept at room temperature, the bouillon at first becomes turbid, but soon clears and remains so. When placed in an incubator at 37° C., a part of the culture floats after a few hours, forming a scum upon the surface of the liquid. In about fifteen days the bouillon becomes acid, and then afterwards regains its alkalinity. During this period of acidity the bacillus is very slightly virulent.

Gelatine makes a very poor media for cultivating the K.-L.-B., as it does not seem to thrive well upon it. Along the line of the needle in a gelatine tube culture, small white colonies appear, which develop but slightly, and do not liquefy the culture media.

Upon serum prepared after the method of Loeffler, that is, serum to which 33½ per cent. of nutrient bouillon, containing 1 per cent. each of peptone and grape sugar, and 5 per cent.

of table salt has been added, the development is very characteristic. After a sojourn of eighteen hours in the incubator, a small round speck, about as large as the head of a pin, appears at the point of inoculation. These spots grow rapidly, projecting from the surface of the serum, and taking on a pale, dirty yellow color. They are thicker at the centre than at the edges, which at first are round, but soon become ragged in outline. The colonies attain a diameter of from 3–5 mm. after remaining a few days in the incubator at 37° C. Stained slides made from serum culture show that upon this media the bacillus has a tendency to form chains of two or three, presenting an appearance very similar to that of the tubercle bacillus.

Upon glycerine-agar the growth presents no material difference from that on serum, though upon the ordinary agar other germs, non-specific in character, are apt to develop, covering the colonies of the K.-L.-B.

Upon plate cultures of both serum and glycerine-agar, the bacillus forms a grayish line in the streak, but if separate colonies form, these in no wise differ from those described in the tube cultures. The K.-L.-B. is a facultative anærobic, forming abundant colonies even when kept in a vacuum. While it can be grown at 24° C., or 75° F., it thrives best at 37° C., 98 F. Below 10° C., or above 60° C., the bacillus cannot survive. The staining is best accomplished with the solution of Loeffler or of Roux, though any of the ordinary stains can be employed.

Loeffler's solution :

Conc. alcoholic sol. methyl, blue,	30 parts.
Aqueous sol. of potash (1-1000),	100 parts.

Roux :

1 per cent. aq. sol. methyl green,	3 parts.
1 per cent. aq. sol. dahlia violet,	1 part.
Aqua destil,	q. s.

To obtain a bluish color, not too dark.

Gram's method is also very successful with this bacillus. A toxine is secreted by the cultures which, even after filtering, is sufficiently virulent, when injected subcutaneously in a guinea pig, to produce death in a space of time varying from twenty-four hours to seven days, according to the age of the culture.

Of all animals susceptible to this bacillus, the guinea pig is the most so, and therefore the best suited for investigations

concerning its nature. When injected subcutaneously over the abdomen with a $\frac{1}{2}$ c.cm. of a pure culture in bouillon, death ensues in less than 36 hours, and the autopsy presents the following lesions:

A gelatinous œdema at the point of inoculation, false membrane more or less extended in the track of the needle, very marked congestion of the supra-renal capsules and a serous or sero-sanguinous effusion in the pleural cavities.

The bacillus can only be found in the neighborhood of the point of inoculation, and then in very small quantities. The dog also succumbs to the subcutaneous injection of the K.-L.-bacillus, though not as quickly as the guinea pig. By means of tracheotomy the false membranes have been reduced in the throats of pigeons, guinea pigs and cats, rats and mice proving refractory.

The pseudo-diphtheritic bacillus which has been found in the mouths of healthy beings is identical with the K.-L.- bacillus in all but a few points, the most important of which is that it will not produce death in the guinea pig. This is the crucial test of the identity of the K.-L.- bacillus, and when the bacilli are found to be but a few in number, it should always be applied.

The bacillus pseudo-diphtheriticus is the one found in the anginas of scarlatina and rubeola. On serum the rods are perhaps a little shorter than the true B.; also, according to Escherich, when a culture is made in bouillon to which a little of the litmus blue is added, the culture remains for a time violet, then becomes blue. If this be so with the change from alkalinity to acidity of the K.-L.-B., the bouillon would turn red, regaining its original color as the alkalinity was again established.

The false membrane of follicular tonsillitis is produced by micrococci, some of which, after a short time in the incubator, form colonies in every way resembling those of the K.-L.-B., except that after the lapse of a day or so they take on a yellowish tint quite characteristic. There is also found in these cases a micrococcus which forms a small cavity in the serum, and a large coccus which liquefies the serum.

According to Martin, the association of the staphylococcus pyogenes aureus with the K.-L.-B. in the membrane implies a prognosis generally serious. On the contrary, when the K.-L.-B.

is found mixed with a coccus which is often disposed in the form of a diplococcus forming colonies identical with it, the case appears to progress rapidly and terminates favorably.

To make cultures of the bacilli the platinum rod should be lightly rubbed over the false membrane and then directly on the culture media, or a piece of the false membrane should be immersed in the bouillon, and the cultures made from this. To get an absolutely pure culture from the colonies on serum, a tube of bouillon should be inoculated from the most characteristic colony, and a fresh culture made.

The technique of making a slide directly from the case is very simple. The platinum needle, with the end bent into a loop, is passed over the false membrane, and then rubbed on the cover-glass till the substance is well distributed. The cover-glass, after being allowed to dry in the air, is seized with the cover-glass forceps and passed through the flame of a Bunsen burner or spirit-lamp three times, in order to fix it. Then enough of the coloring solution is poured upon it to thoroughly cover the glass, and allowed to rest there from one to two minutes, according to the thickness of the film on the glass. This being done, the cover-glass is gently washed in water, to remove the surplus stain, its back wiped off, inverted butter side down on the slide, and examined with a $\frac{1}{16}$ -inch and $\frac{1}{12}$ -inch objective. If the slide be worthy of preservation, it can afterward be dried and mounted in balsam.

The life of the bacillus is very long, tube cultures on serum retaining their virulence six months after inoculation; therefore great care should be taken in all cases of true diphtheria to thoroughly sterilize every article which has come in contact with the mouth of the patient. As the discharge of the nasal catarrh which often follows cases of diphtheria contains generally a large number of the K.-L.-B., precaution against further infection should here also be taken. The sooner the physician awakes to the fact that each infectious disease has its own special germ, to be diagnosed bacteriologically, and takes the proper antiseptic precautions, the sooner will these devastating epidemics be a thing of the past. As it will not be possible for every physician to be prepared to make cultures himself of the various germs with which he may come in contact, it is the duty of the boards of health of the cities and towns to establish

laboratories where these tests can be made, and to so distribute the culture media that every physician may avail himself of the privilege.

LOEFFLER'S BLOOD SERUM.

To meat broth add 1 per cent. peptone, 1 per cent. grape sugar and 5 per cent. table salt. Neutralize with natrum carb. Cook on water-bath till albuminous bodies are precipitated, then filter. Sterilize in the steam apparatus, and mix with fluid blood serum in proportion 1 to 3. Again sterilize by interrupted exposures at a temperature of 58 to 60 degrees C. Put in tubes and desiccate at 68 degrees C.

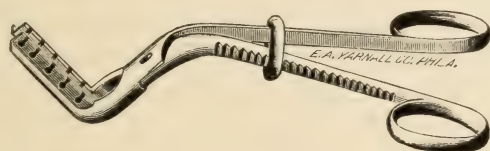
A NEW OPERATION FOR HÆMORRHOIDS.

BY WILLIAM ERWIN, M.D., WALTER'S PARK, PA.

THE recent advances of modern surgery are little less than marvellous, new ideas are steadily and surely crystallizing into tangible forms, and results but a short time ago considered impossible are now of daily occurrence. Primary union is now the watchword; laudable pus and healing by granulation is coming more and more to be the unfortunate exception instead of the rule, as formerly. To obtain these results, new and improved instruments have been indispensable, and the rapidly increasing list now at the command of the surgeon should make one pause and consider well before he adds another to the already large number. However, a new instrument is herewith presented to the attention of the profession, by the use of which the operation for removal of hæmorrhoids is greatly simplified, and healing by first intention is secured. Notwithstanding that the clamp and cautery operation (with its eschar and healing by granulation the only method of recovery) has long been considered the ideal operation by many excellent operators, when such an authority as Allingham condemns it we should use our best endeavors to devise a method by which its disadvantages may be overcome, and it is believed this instrument will prove a long stride in this direction.

It is only the most aggravated cases of hæmorrhoids one

ever meets that will warrant Pratt's operation of excision of the last inch of the rectum. Whitehead's operation of partial excision is open to the objection of leaving an irregular margin to the lower extremity of the rectum. The operation about to be described is as near bloodless as can be obtained; accomplishes as much as can be claimed for the clamp and cautery; overcomes the danger of the secondary hæmorrhage of the latter; and, instead of leaving a contused and lacerated wound, which must cast off an eschar and heal by granulation, it leaves an incised wound in the best condition for union by first intention. This is accomplished by the use of a new instrument which I call my "Hæmorrhoidal Suture Clamp." The jaws



are set at right angles with the pivoted handles, so that whether closed or opened to any desired position they shall always be parallel. They are pierced at intervals of a quarter of an inch by holes of sufficient size to carry a suitable needle armed with the chosen suture, and from each needle-hole a slot passes upward and opens upon the upper surface of the jaws. For convenience, the handles are bent a short distance above the joint, and are retained in desired apposition by a sliding link, which is prevented from slipping by shallow notches placed at short intervals along the outer side of each handle. The first step in the operation is thorough dilatation of the rectal sphincters by means of Pratt's bivalve speculum or by the operator's thumbs. While thorough dilatation is desirable, until the contractile power of the sphincters is for the time entirely overcome, care should be taken to avoid lacerating any of their fibres. This dilatation prevents subsequent spasm of the sphincters, and consequently avoids much pain which would otherwise be inevitable, and greatly facilitates the operation by making the hæmorrhoidal tumors the more accessible. In fact, dilatation should be the first step in almost, if not quite every, operation upon the rectum.

Dilatation accomplished, the tumors are grasped, one by one,

by a vulsellum forcep, placed upon the stretch, and grasped well down at the base by the suture clamp, just sufficient pressure being used to restrain hæmorrhage and prevent the clamp from slipping. The tumor is now amputated by knife or scissors, following closely upon the upper edge of the jaws, and the sutures taken. This done and the clamp removed, nothing more is apparent than a simple incised wound, which, in my experience, heals by first intention. Should the tumor have a longer base than can be grasped by the clamp, a portion is removed and a new hold taken. In this way, hæmorrhoidal masses of almost any dimensions may be quickly and easily removed with the loss of no more blood than is contained within them. One or two cautions only need be named. When a thick mass is grasped by the clamp, it may be well to pass an armed needle at each extremity of the jaw before the amputation is done, and let it remain *in situ* until the hæmorrhoidal mass is removed.

This will prevent the edges from slipping, because they are not compressed as tightly as the more central portion. If the base of the tumor is thin, narrow, elongated and flabby, it may be necessary to use two forceps to produce equal stretching of the base to secure an even and regular stump. As the clamp produces compression, the sutures need not be drawn quite as tightly as would otherwise be necessary.

A STUDY OF CIMICIFUGA (ACTÆA) RACEMOSA.

BY WM. E. LEONARD, M.D., MINNEAPOLIS, MINN.

Professor of Materia Medica, University of Minnesota.

(Read before the Minnesota State Homœopathic Institute, May 22, 1895.)

THIS drug, which belongs to the same botanical family as aconite, pulsatilla, hydrastis, etc., was first mentioned as a medicine in 1696; but its manifold qualities have only been developed since the provings of Dr. H. M. Paine, in 1853, and those of Professors Hill and Douglas, in 1859.

The plant is distinctly American, and well known in aboriginal medicine for complaints to which it has since been found

eminently homœopathic. The root-stock, thick, black, and knotted (whence its common name, black snake-root) is the part used in pharmacy. Black cohosh—as distinguished from the caulophyllum thalictroides, blue cohosh—is, perhaps, its best-known common name, both cohoshes being known among the aboriginals as squaw-roots from their parturifacient qualities. The homœopathic tincture should be almost opaque, having the peculiar odor of the root, and a very acid and bitter taste. An impure resin, macrotin, is obtained from cimicifuga, but is only partially proven, and, at best, a poor substitute for the properly-made tincture.

Cimicifuga is probably a polychrest, but not so regarded or used by most practitioners. The range of its action plainly appears from a close study of its effects in both large and small doses. It sets up a general depressant irritant condition through the cerebro-spinal centres, and finally concentrates its action upon the *muscular system* and the *female generative organs*. It seems to have a decided influence upon the nerves distributed to muscles, producing a perfect picture of myalgia. A detailed analysis of its effects in varying doses is herewith presented, together with its most striking clinical symptoms:

Brain and Spine.—In large doses, cimicifuga causes congestion of the brain, vertigo, dilated pupils, nausea and vomiting—all in less degree, but like in kind, to bell.—and symptoms of meningeal irritation along the upper part of the spine, followed by neuralgias, muscular spasms, tremors, etc.

Mind, delirium: The provers experienced a sort of intoxication, as if delirium tremens were impending; they were extremely restless, both mentally and physically, and could not remain in one place, and their talking constantly changed in subject—like lach. and stram.; they were frightened, trembling, and often sighing and anxious, with fear of death—as in others of this botanical group. This confused delirium, with wild, changeable imaginings, and great restlessness, is often found in delirium tremens, puerperal mania, in melancholia and other forms of insanity, wherein cimicifuga is a most valuable drug, especially when the following head conditions are also present:

Head.—The headaches affect the base of the occiput, or they begin at that point, frequently with great violence, and shoot up to the vertex or down the spine; bending the head forward

seems to pull upon the whole spine. Again—and these symptoms not infrequently call for the drug in cerebro-spinal meningitis—it seems as if a bolt were drawn from the neck to the vertex with every beat of the heart; or the whole neck is very lame from the distress upon moving the head.

Clinically, such head-pains are often associated with a variety of uterine disturbances, to be hereafter specified, or with a suppression of the menstrual or uterine discharges, when with a congestive headache—like those of *bel.* or *glon.*—they feel as though the top of the head would fly off.

Neuralgias.—The neuralgias of *cimicifuga* are commonly of rheumatic or reflex uterine origin, chiefly as follows:

1. *Ciliary*: the eyeballs feel enlarged, with pains shooting into their centre or into the head, so severe, especially at night, that it seemed as though the patient would go crazy sometimes with photophobia and extreme asthenopia.

2. *Facial*: the pain is worse from the slightest motion; is better during the night, but reappears the next day.

3. *Angina pectoris*: with numbness of the left arm, “as if bound to the side;” irregular, trembling pulse; palpitation, and a sense of horrible gloom settling on her, or even fainting.

4. *Neuralgias*: generally reflex, affecting the diaphragm; pleurodynia, especially when in the left infra-mammary region; and left-sided ovarian neuralgia, with great tenderness and pain up and down the left side and across the abdomen.

5. *Chorea*: here the drug is used quite empirically by both schools of medicine, but, from the provings, is best indicated for twitching, trembling and irregular motions of the limbs, when worse in the muscles of the left side of the body. This family group all affect the left side more than the right. A rheumatic diathesis, thought by many to be the only one in which chorea is found, also indicates *cimicifuga*.

Female Organs.—In the original provings in 1859 (see *New York Quarterly*, vol. vii., p. 450), this noteworthy statement of *cimicifuga* is made:

“It produced nausea, vomiting and much gastric irritation in the six women, while in forty men it was hardly noticed as affecting the stomach in the least.” Hence its eructations, nausea and vomiting are made use of as indications mostly in pregnancy or when reflex from uterine disturbances; rarely in

men, except when due to spinal irritation or as an accompaniment of delirium tremens.

In pregnancy, cimicifuga will also check the sharp labor-like pains threatening miscarriage in the early months, or those of an aching, bearing-down character, especially when the patient loses much sleep from nervous excitability or because her limbs feel numb. These symptoms are found, clinically, to occur most commonly in irritable, rheumatic women, and in such constitutions cimicifuga, if given every third or fourth night for a month or six weeks before term, is said to shorten and greatly modify labor. (The other cohosh, caulophyllum, has also the same reputation; hence, their aboriginal name of Squaw-roots, as mentioned above.) In labor, cimicifuga relieves the severe spasmodic pains which do not force downward, but which extend forward into the sides or across the abdomen, and in such an early stage seems to relax a rigid os. It is also a most excellent remedy for severe after-pains, seemingly from the clutching in the groins, the result of spasms of the broad ligaments, perhaps causing also nausea, vomiting and great sensitiveness, so that she "cannot endure the pain." Menstruation, under cimicifuga, is found to be irregular, being too profuse, early and clotted, or too late and scanty, with pain through the hips and down the thighs, or most typically across the hypogastrium from side to side. When, with suppression of the menses or dysmenorrhœa in rheumatic constitutions, hysterical or epileptiform convulsions occur, cimicifuga is doubly well indicated, and should always be studied with cocculus, pulsatilla, etc., in such cases.

Bruised soreness and bearing-down pain are among the prominent proven symptoms of cimicifuga, hence its use in endocervicitis and other uterine conditions when the uterus is engorged, the cervix enlarged and great sensitiveness of the organs exist, especially if accompanied with nervous hysterical conditions and any of the mental symptoms above given.

At the climaxis cimicifuga promptly relieves the gastric symptoms above mentioned, the head pains, and the irritability and restlessness of disposition that so frequently tortures such patients.

Rheumatism.—In rheumatism cimicifuga does not suit the inflammatory as well as the nervous and muscular forms, those

that are acute and local, affecting chiefly the fleshy parts of the muscles with a feeling of stiffness, retraction or excessive soreness, as for instance, pleurodynia, torticollis, lumbago, etc., characterized by aggravation from motion, great restlessness, etc. In these neuralgic forms of rheumatism (myalgias) cimicifuga has proven efficient in every range of dosage from the tincture to the 200.

Chest.—While the respiratory symptoms of cimicifuga are not marked, it caused and has cured a dry, tickling, teasing, night-cough, with little or no sputa, worse on attempting to talk, with hoarseness, quick respiration, etc.; symptoms which might accompany incipient phthisis of catarrhal origin. When pleurodynia accompanies such a cough cimicifuga is better indicated. (When that affection accompanies tuberculosis, guaiacum is an unfailing remedy.)

To recapitulate; the most characteristic symptoms of cimicifuga are its sharp neuralgic pains in various parts, commonly reflex from uterine irritation in rheumatic females, no drug presenting a greater variety of such reflex pains; and the local signs of pelvic irritation shown in the shooting or darting pains across the hypogastrium from side to side.

In General.—Many of the proven symptoms of cimicifuga point to its great usefulness in catarrhal affections, as a dry, stuffed condition of the nose, with later coryza, sore throat and extension to the bronchial mucous membrane with soreness, rawness, accumulation of phlegm, etc.; and also the chills, heat and sweat, which usually accompany a catarrhal attack. No clinical application of these symptoms is yet recorded, nor of the marked changes in sleep, nor the skin symptoms set down by many of the provers.

Cimicifuga deserves a wider usage, not only as a rheumatic medicine where it fills a unique place, but also in spinal and catarrhal affections where it seems to cause many of the symptoms of gelsemium, although always in a less degree.

CALCAREA IODATA IN CHRONIC INFLAMMATION OF THE MIDDLE EAR.—Dr. Hengstebeck reports the case of a young boy who, after an attack of scarlet fever, was seized with acute otitis media, which gradually became chronic, with a continuous discharge of pus. Calcarea iodata 3x was administered, three times a day, internally, and, after cleansing the ear, some of the same powder was blown into the ear with an insufflator. In a few weeks the discharge had diminished, and still later it disappeared entirely.—*Leipziger Populaere Zeitschrift Fuer Homoeopathie*, Nos. 7 and 8, 1895.

THE TREATMENT OF ERYSIPELAS.

BY J. S. HICKEY, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society of the County of Philadelphia.)

IN presenting this paper upon erysipelas an exhaustive treatise has not been attempted. It is simply an endeavor to present some thoughts about a few of the remedies which may be indicated in this annoying and really dangerous disease with which we all meet in our practice.

That there is no one specific for this or any other disease is a fact admitted by all homœopathic physicians; and thus it becomes necessary, after having correctly diagnosed a case of erysipelas, to individualize it and select the remedy which corresponds most closely to the disease presented to view.

Erysipelas is recognized as a systemic disturbance, acute in nature, with a localization particularly characteristic, and attended by febrile symptoms. It involves the skin, mucous membranes, and cellular tissues, presenting a hot, red surface which itches, stings, burns and often becomes the seat of vesicles and bullæ, the process terminating in complete resolution after desquamation, or it may result in death.

The diagnosis of erysipelas is usually easy; it suggests itself by a circumscribed swollen, shining, rosy-red, waxy-pale or dusky-red patch of skin. The swelling of erysipelas is peculiar in that it rises abruptly from the surrounding integument.

This abrupt elevation with well-marked edges standing out boldly from the adjacent normal tissue, together with the induration characterizes the swelling of erysipelas. The itching, burning, stinging and soreness of the affected parts distress the patient, while malaise, drowsiness, restlessness, headache and constipation, add still further to the discomfort of the sufferer.

The accompanying febrile disturbance is but a natural consequence of such an inflammatory condition, giving a rise of temperature to 102°, 104°, and even 106°.

Among the diseases which present some features resembling erysipelas, may be mentioned erythema pernio or frost bite, insect bites and dermatitis contusifomis.

Erythema pernio, especially when it attacks the ears, resembles erysipelas by its burning, stinging, itching and vesication, but the former disturbance confines itself to the points attacked while erysipelas quickly manifests itself by its migratory nature. This tendency to invade the surrounding integument is a characteristic feature of erysipelas and sometimes constitutes a very alarming and even fatal issue by extension through continuity of tissue to the nose, mouth and larynx producing œdema of the glottis, and progressing to the lungs and establishing pneumonia. Erythema pernio attacks the ears, fingers or toes, and shows no disposition to penetrate into the surrounding tissue.

Dermatitis contusiformis has some points of resemblance to erysipelas, being ushered in by some febrile disturbance, a rise of temperature, more or less loss of appetite, malaise, and wandering rheumatic pains; but the point of difference is seen in the skin symptoms; those of dermatitis contusiformis are manifested by the appearance of nodules scattered over the surface of the skin and showing no disposition to spread.

The sting of insects, such as of the bee, wasp and mosquito will, in its results, resemble erysipelas very closely; but the malaise, fever, coated tongue, the characteristic swelling and the tendency to spread itself, symptoms which always accompany erysipelas, are absent in the former condition. In summing up the symptoms of erysipelas, it will be seen that there are two great characteristics which distinguish it from other diseases of an inflammatory nature. Namely, the abrupt, indurated character of its swelling and its migratory nature; the other symptoms, pain, burning, itching, malaise and headache are found in many other conditions and standing alone are not significant. The prognosis of erysipelas is decidedly favorable, under homœopathic treatment.

In the treatment of erysipelas the proper internal medication should receive the first consideration. The outward application of oils and salves have not been found of much service. In some cases of facial erysipelas exposure to the air causes great aggravation of the itching, stinging and burning; in such cases the application of powdered cornstarch and then covering the affected parts with a linen cloth has been found to relieve the sufferer to a very marked degree.

The diet of the patient is an important thing to consider;

meats of all kinds, cakes and pastry should be prohibited. The diet of the patient should consist of milk, cocoa, toast bread, Indian meal porridge with milk, soft boiled eggs.

Should the patient present to view a white or rosy-pink swelling which spreads very rapidly usually from right to left, with pains that are burning, stinging, darting, and are relieved by cool air or the application of cool water, and the affected parts being intensely sore, we would naturally think of *apis mellifica*.

The prominent features of this drug being œdematous quickly spreading, swelling, and the pain and restlessness being relieved very markedly by cool air and cool applications of water. These characteristics help very much in the selection of the proper drug.

Rhus tox. presents a dark, dusky red surface usually covered with vesicles; the affected parts itch intolerably, driving the patient almost frantic; he cannot keep still. The rhus patient has his sufferings increased by cold and lessened by warmth; this is just the opposite of *apis*. This is one of the distinguishing features between these two drugs; the *apis* patient is relieved by cold, the rhus patient is made worse; and in facial erysipelas under rhus we find the disease going from left to right, and in *apis* it goes from right to left. Again the *apis* patient is drowsy but the rhus patient is restless, cross, desires to be let alone.

Where a bright, shining, red, smooth surface appears with the characteristic swelling already described, with pale streaks radiating from centre to circumference, the pulse being full and strong, the tongue covered with a thick, white coating, with the red papillæ showing through it, *belladonna* is the remedy; the eyes of the belladonna patient are bright, shining, the pupils are dilated, there is always sweat about the body. The pains come suddenly, increase in violence and then decrease as suddenly. The headache is of a beating, throbbing character made worse by noise and light, and oftentimes by the recumbent position.

Cantharis is another drug which is to be thought of in this disease; the skin symptoms resemble rhus in the itching and vesication, but the torturing restlessness which is such a marked characteristic of rhus is absent. Again, the gastric symptoms

of cantharis with their violence serve to complicate the case. There is dryness and burning of the mouth, throat, and stomach; the tongue is red, dry and cracked; the tongue of rhus is also dry and cracked, but its coating is brown and has the well-known red triangular tip.

It sometimes happens that the physician does not see his case until several days have elapsed after the beginning of the disease; it is then that the deeper acting remedies are to be thought of, namely: *arsenicum*, *lachesis*, *carbo veg.*, *graphites*, *croton tiglium*, *secale cornutum*. Time will not permit more than the mentioning of these remedies. In conclusion let it be remembered that the remedies which have been so hastily glanced at, are but a few of those which may be indicated in this disease.

THE IMPORTANCE OF THE EARLY CORRECTION OF ERRORS OF REFRACTION OF ALL CHILDREN BEFORE ATTENDING OUR PUBLIC SCHOOLS.

BY J. S. KIRKENDALL, M.D., ITHACA, N. Y.

(Read before the Interstate Homœopathic Medical Association, Scranton, Pa.)

In selecting this subject for our mutual consideration, I would not have you feel that I have a selfish motive in what I have to say, should it be ever brought about; but it is purely on humane grounds that I stand before you to advocate this very important but neglected subject or prophylactic.

Before we select the remedy, let us get at the symptoms demanding the specific. In the first place, we are born to die, *i.e.*, death or metamorphosis begins at a very early stage; and we live according to our resistance, and die for the want of the same. We are born with tendencies which are hereditary, and none of us are ideal anatomically or mentally, or in any other way; but some are more nearly perfect than others.

In order to treat this subject specifically, I will liken our bodies to a large mill, for example, with many small intricate pieces of machinery contained therein, some of which call for more power or force than others. When we consider the different organs of our body, we must admit that the nervous tissues are

distributed to the eye in very great profusion; and, in classifying we must concede that it is first in rank, *i.e.*, of the twelve cranial nerves, four are especially designed for and two send branches to it.

In all we, or nature, give to the eyes, almost one-half of their nerve force direct from the cerebrum, besides the numerous filaments from the great sympathetic, which unites it to all the other organs of our bodies. We rarely find ideal organs anatomically; in fact, only 15 per cent. of the people are born with perfectly round or ideal eyeballs, and the same may be true of other organs, but it does not interfere with the sense peculiar to it; for instance, the fingers are rarely ever ideal, yet the tactile sense is not interfered with. The same may be said of the ears, nose, and tongue, yet their function is perfect for what they are designed for, and all goes well; but, you let a child be born with a deformed eyeball, not round, and study its effect through life. A cause or injury, exactly the same, in different individuals, produces as many different effects; so it is, that when the eyes are naturally abnormal, and objects must be seen the same with either eye, exactly of the same size, and at the same time, be the eyes alike or otherwise, we must believe that the great reservoir of nervous energy which nature intended to give every one of us will be exhausted on account of this constant unconscious effort to see things distinctly, on the part of the ciliary muscles which act the same, and for the same purpose, that the thumb-screw produces in an opera-glass or photographer's camera, every thing must be focused by either eye, the same on the sensitive plate or retina, before the brain will or can receive it; hence, the expenditure of nervous energy to keep these deformed eyes going, as during waking hours they never see anything without effort, even at a distance, when the ideal or perfect eye is at rest.

Now the question comes, and honestly so, how long will this reservoir of nerve force last before an explosion must needs come to this person? Answer, according to his or her amount of resistance. Some are able to carry the load much longer than others, and only to be brought to the surface by a secondary or exciting cause; for example, some acute disease, or perhaps some cause external to the body, like grief, or financial

reverses, etc.; but it comes to the majority in some form, either from the exciting or secondary cause stated above, or by the natural eking out of its supply, and when gone, and we have the nervous manifestation, be it of any kind, diagnosed as functional or without pathology, then it is often too late for repair, or it has gone on until the effect has practically become a cause in itself by molecular change, and in the very true words, slightly modified, of the distinguished neurologist, S. Weir Mitchell, of recent date in the *Medical News*, says: "Conditions or causes like this existing, all through the years of development, before being displaced, may make permanent effects which no glass will do more than partially relieve." Hence, the title of this essay and its importance.

Let me relate the manifold manifestations, which we believe are the remote effects of this primary (I say primary because it is born with us) cause, and we will take them almost in order; myopia, squint, chorea, stupidity or slow to learn, headaches, blinking, most of the neuralgia, some cases of epilepsy, spinal curvature and irritation with the sore points at the apex of the scapulæ, and at the seventh cervical vertebra; also at the base of the brain, clavus, nervous dyspepsia with its remote effects to adjacent organs, aphonia in some cases, dizziness in some cases, chalazia, styes, chronic conjunctivitis, or so-called, granulated lids, and heterophoria, with its varied amounts, which causes amblyopia, or loss of one eye from non-use; and last, but not least, inebriety, would say, here, that I never have examined the eyes of a periodic drinker, but that I have found large amounts of astigmatism which I believe is the cause of the explosion, unresistable, as a headache or attack of epilepsy.

I would not have you believe, that if the title of this paper, were carefully complied with, that in time we would see none of these nervous troubles. Nay, nay; not so. I do not believe in one cause to produce a given effect, any more than we as physicians believe in specifics, yet we do know that certain drugs have a particular affinity for a certain part, and spends most of its force there, yet it is not infallible as you all know; so it is with the subject dealt with in this paper. The eye is the primary source of most of these functional nervous troubles, I believe, and in lieu of this generally accepted, demonstrated theory (clinical facts are stubborn things), why not give these

unfortunate children the benefit of an early displacement of a deformity, which if left alone may cause any of the foregoing troubles, also by its weakening tendencies may bring to the surface a latent tuberculosis, a spinal curvature or a solution of continuity of any other organ deprived of its staying force. Effects never precede causes, so it is in these neurotic cases. Physicians are never called until after the smoke is seen by the layman, and then too often he spends his force on the smoke, and allows the fire to burn. As long as we know that about 85 per cent. of the people have deformed eyes at birth, that it is primary (being born with the patient), that the natural, anatomical, and physiological function of the organ demands nearly as much nervous energy as all the rest of the organs of our body put together, why not anticipate this formidable antagonist to health, strength, pleasure and education, as we do small-pox, which when compared with eyestrain is no more than a drop in the bucket in the country districts. Think of your child having chronic chorea developed at his seventh year of age, during his first term at school, or squint or epilepsy; think that if he chance to have an astigmatic or hyperopic eye at birth or both combined, sent to school with a neighbor boy, who chance to have a slight amount of myopia or emmetropia. The two latter sees without effort; the images are received on the retina, telegraphed to the nerve centres, and indelible impressions made, and the child can't help it; he is lauded to the skies, stands at the head of the class, and he is called bright. Why? Simply, because he can't help it. According to Dr. S. D. Risley's latest investigations in Philadelphia, he has demonstrated that by correcting the error in all ametropic eyes and especially astigmatism, which he found to be the essential cause of the pathological state underlying the myopic or near-sighted eye, it decreased the amount of myopia after twenty years of this correction.

As practitioners of medicine you know more about near-sightedness than any other anomaly of the eyes, simply because the child can't see, and tells you so, and you ask his parents to see some optician or jeweler who practically allows the child to fit himself; he sees better and is satisfied, but the slight amount of astigmatism combined with it, the underlying cause, is left behind uncorrected, and so the myopia develops, and is laid

either to habit on the part of the child, or to faulty desks in our school houses.

Myopia: Myopia, is an effect and not a cause, *per se*. The explanation of this assertion is, up to the present century, the work of the eye was adapted to its mechanism, and the eye of animal, savage or child is naturally hyperopic. But now, printing, schools, cities, sewing and commercialism have brought tasks to the eyes for which they were never made, or to which they were never habited.

"The Deity of natural selection never foresaw civilization." Great interest attaches to the inquiry, how this is to adapt itself to meet this extra demand suddenly thrust upon it. As Dr. George M. Gould, of Philadelphia, says: "One fact is evident when the recognition of the enormous body of ill results finally succeed in battering down professional and popular prejudice, spectacles will be almost as common as noses, and nearly every one would be better, intellectually, morally, and physically from their use."

The time is sure to come, when a conscientious parent will never permit a child to grow to puberty, however apparently healthy, without a scientific examination of the eyes having been made, and repeated at intervals thereafter, by an oculist.

The myopia, which I briefly referred to a few moments since, and which stands out so boldly to most laymen and physicians, means very little, to bring about the writing of this paper. I believe, if the adult had been carefully examined when a child, and this effect apprehended in its infancy, that we should rarely see a case of progressive myopia; but this effect, if effect it is, is the one which, in itself, when it becomes a cause, never produces any nervous trouble, the important question which demands this essay.

Patients who have myopia are called book worms, and bright, brilliant, etc. This effect, the result of civilization and uncorrected astigmatism, is the simplest of the lot, yet pathological, and puts the patient's eyes in such a condition, whereby it requires no nervous energy to see close objects, but does for distance, which he positively avoids from lack of energy, or is too lazy. He acquires proficiency because he cannot help it, only in books; he never goes gunning or engages in athletics, because he can't see without effort, so he sits down and contents himself

by reading about it; but the effect which is most important to be avoided by this plan or method is the one inflicted or transmitted to the general nervous system by the hyperoptic or astigmatic eye, causing irritation (functional) of every other organ of the body, and by this depletion renders it susceptible to pathological tendencies by reducing its resisting powers. Malnutrition and assimilation are very common effects of this remote cause. Unbalanced eye muscles external to the eye (heterophoria) which is, I believe, the effect of this uncorrected trouble, and if left alone through the years of development, and be allowed to remain in tonic spasm, causes diplopia or tendency thereto, which is by far the worse, and the tendon becomes chronically shortened as in talipes, and to relieve we perform tenotomy.

The object of this paper is to relieve the ciliary muscles, the hardest worked muscles in our bodies, anticipating what is sure to come to pass in the great majority of the children, and especially so in the weaker sex, the ladies, they being less resisting. These ciliary muscles are sphincters, normally acting equally upon all sides by a common innervation, but in astigmatism the corneal asymmetry being unequal, they are obliged to meet this demand by unequal contraction; hence, friction to this small piece of machinery with its manifold manifestations, as a result. The only comparison of over-worked muscles, is in the hand, and is known as "writer's cramp," but here the spasm is confined wholly to the part which does the work, because the muscles are wholly voluntary, and derive their power from the great nerve centres, whereas the ciliary muscles are, according to Wilder, only slightly voluntary, mostly involuntary, and are governed by the great sympathetic.

Now, what might be the effect if this abnormal condition could be put to rights before the child is subjected to this exciting cause, going to school? The study of functional nervous troubles is in its infancy. The best of our neurologists all over the world to-day are sending their patients to oculists, after a careful examination has been made by them, and finding no pathology. I have relieved patients of headaches with glasses, after they have taken bushels of quinine (as they say), and tried other headache cures, and of the many unique cases, I will mention a few which I could relate in detail. One, a case of

hysterical stricture of the œsophagus, lasting for three years, and during that time she lived wholly on liquids, and it would take her three hours to eat. Another case of persistent anæmia, which had lasted for four years. Another case of stammering. Another case of so-called recurrent erysipelas. Another case of neuralgia. Another, a case of acute melancholia. Another, a case of severe recurrent neuralgia of the stomach.

Why not prevent these many troubles by prophylaxis, as we do small-pox, cholera, diphtheria, etc., thereby increasing our longevity?

ARBORIVITAL MEDICINE.

BEING AN INQUIRY INTO THE CURATIVE POWERS OF SOME OF OUR
COMMON FIELD AND GARDEN PLANTS, JUDGED OF
BY THE DISEASES OF THE EAR.

BY ROBERT T. COOPER, M.A., M.D., LONDON, ENGLAND.

(For Seventeen Years Physician for Diseases of the Ear, London Homœopathic Hospital)

PYRUS MALUS.—The common crab-apple tree.

The effects observed from giving single doses of the *pyrus malus* include improvement of defective memory and a strengthening of the brain, in the case of a lady of about 70 years of age, in whom cerebral anæmia presumably existed; while in another lady, about 45, whose symptoms included weak memory with weakness of the nerves and head, increasing emaciation, with heat and irritation, and vaginal discharge, a leucorrhœa which aggravates the head symptoms, as well as an irritation of the skin on the back; all these improved at once under a single dose of 12 φ A. In another case, improvement resulted of indigestion, causing loss of appetite, desire to lie down, and a numb feeling after lunch in the limbs and across the loins, with pain across the lower abdomen; this was in a girl of about 21 years of age.

In another instance, where palpitation of the heart after breakfast, pain in the left side of the chest and middle of the chest, a sick feeling, and complaint that the slightest work of any kind fatigues the brain; these symptoms were much relieved by φ A. of *pyrus*.

But the case that led me to suppose that in *pyrus malus* we possess a remedy of no small importance, was that of a man of about 63 years of age who was suffering from general debility, not very pronounced, and without any definite lesion to account for it; and who, the day after a dose of *pyrus malus* was given to him, felt, as he expressed it, "all gone to pieces;" he was unwilling to move hand or foot, or to stir in the least; the feeling being a complete depression of mind and of body. He sat on a chair, perfectly still, and apparently unable to move.

It was this that led me to an indication for *pyrus malus* in the following case of Ménière's Disease:

Thomas B., aged 54, a clerk at one of the principal Metropolitan railway stations. No history of syphilis or rheumatism. Date of case, 4th November, 1893. Dates his illness from a sudden seizure he had had five years ago, but beyond this can tell nothing about it. Has been treated by one of the leading physicians of Guy's Hospital, as well as for a considerable time at an Ear and Throat institution. In the description given by the patient, I gathered there were two kinds of virtiginous seizures:

In the most frequent form, the attack came on, particularly, every second day, and most frequently on getting up in the morning. He falls at once if unsupported, and while things seem to turn to the right he falls to the left. But besides these slight seizures, he gets very severe ones every three months, and sometimes oftener, preceded and followed by great physical and mental depression, and which continue for three or four days together. In the right ear he gets constant singing tinnitus, varying but slightly, but worse after a giddy seizure.

On the right side the hearing is defective, $3\frac{1}{2}$ inches for the watch, on the left side normal; tuning-fork heard fairly well. Prescribed *pyrus malus* 12 φ A.

Fortnight after, vertigo much better—at once felt better after the dose; tinnitus, if anything, better; has had a slight cold. Prescribed nothing.

Second fortnight.—No attack of vertigo, but head does not feel altogether right the last few days. Tinnitus the same, R. E. 17 inches. Again, *pyrus malus* 12 φ A.

Third fortnight.—Had two attacks, slight ones; tinnitus in the right, and deafness the same. R. E. Hg. Dist. 5 inches. Geran Robin: φ A.

Fourth fortnight.—Has had two or three slight giddy feelings. R. E. Dist. 20 inches. *Pyrus malus* as above.

Fifth fortnight.—Hearing is the same; on the evening of the Tuesday following (dose given on a Saturday) for two or three seconds was giddy when walking in the street. Bovista 30, two pilules, three times a day.

Sixth fortnight.—Giddiness better; but has had two slight attacks and been more depressed. R. H. Dist. $4\frac{1}{2}$ inches. *Pyrus malus* as above.

Seventh fortnight.—Slight attacks; had two seizures, one momentary, and the other for ten minutes, but not at all severe. The unsteadiness is worse in the evening; things seem to turn to the right and he falls to the left. The attacks are too slight for himself to notice them, but those with him remarked them. His spirits, however, are much better. R. H. Dist., 6 inches; L. H. D., 50 inches. Prescribed *callitriche aquat.*, φA .

Eighth fortnight.—Slight dizziness whenever he moves his head from side to side. Spirits were better after the medicine. Prescribed *byron. alb.*, $\varphi gtt. j$, in one dose.

Ninth fortnight.—Has been much better; Monday and Tuesday of this week felt giddy on moving his head, but except for this has felt much better and has heard better the last four or five days. H. Dist., normal on both sides. No medicine.

Tenth fortnight.—Character of the giddiness changed; any sharp noise strikes up through his head like an electric shock, even his own voice and touching ever so slightly the right ear causes vertigo, but his sleep is more restful the last two or three days. Giddiness most noticed in the street; the street noises make him feel as if at sea; noticed this first when working in his garden last Saturday (a week ago). No medicine.

Eleventh fortnight.—Very much better, giddiness going off; none for two weeks; no depression and does not turn giddy when touching the ear. Hearing very good. H. Dist., right, 20 in.; left, normal. No medicine.

Twelfth fortnight.—Keeps well except for momentary and slight sensations of giddiness after getting up to leave the office. H. Dist., R., 20. L., 40 in. Prescribed *calendula off.*, φA .

Fourteenth fortnight.—Very much better; vertigo not noticed; spirits very good; no medicine.

Fifteenth fortnight.—More giddy; the floor seems to rise up when walking, and once the attack lasted six hours; besides this his voice gets weak when the attacks are about. Prescribed *pyrus malus*, φA .

Since this time the patient has remained perfectly well; he has written to me expressing the greatest gratitude, and besides I have had several opportunities of hearing of his sustained improvement from others.

It is hardly possible to exaggerate the importance of this case.

First.—Let me point out how manifestly the hearing varied; this I consider arose from slight effusions taking place now and then into the semi-circular canals.

This is altogether different with what we meet with in ordinary cases of deafness; I doubt if it is possible to find a case of catarrhal, nervous, vascular, or cerebral deafness in which it could be proved by the watch that the hearing varied to the extent that it did in this case; a most interesting feature in connection with aural disease and showing how variety is discoverable even in this class of affection if sufficient research be instituted.

Second.—The pronounced effect of *pyrus malus* is noteworthy; I consider the improvement to have been effected by it, and by it alone; the reports given are full ones and the reader can judge for himself. It would seem from these that *bryonia alba* did him good, but my impression is that its action was superficial and transitory; the other selections hardly deserve notice.

Third.—The cure of the case occupied eight months, during which period he remained at full work and kept free from the awful distress from which he had previously suffered, and with which he had frequently been invalided from work. The duration of treatment, considering he had been a martyr to head symptoms for five years, need not be cavilled at.

Still, I must be allowed to ask the question, would it have been possible to have cured him in a shorter space of time? Judging from the effects of these simple plant remedies I should say, most certainly it would. Had I kept to the *pyrus malus* and given, upon the third fortnight, a dose taken from the same tree at another season of the year, or from another tree of a different variety of the *pyrus*, of which there are legion, I have good reason for saying the cure would have been thereby expedited very considerably.

This is a point upon which I claim the privilege of expressing an opinion, speculative though it be, and one that can be accepted or not as the reader thinks fit. Though speculative as regards this case, it rests upon actual experience in many other obstinate forms of disease.

My preparation of the *pyrus malus* was not at all to my liking, having been made in the Autumn from the succulent branch of the crab-apple tree when it had finished fruiting; whereas a

preparation more theoretically correct would be one taken earlier in the season from the flower and flower buds with the branchlets and tender leaves. In preparing the tincture I may mention it was made from the living tree, the branch being plunged into proof spirits of wine and exposed for an hour, the 12 φ A., to a fairly bright autumn sun; heliosthened, as I term it. (See introduction to these papers).

To this I do not attach an importance sufficient to justify a pronouncement at present; I may, however, express a scepticism as to any artificial increase in power; the more so when I see decided effects to ensue from the juices of plants preserved without any exposure to sunlight or any other manipulation beyond the admixture of spirit for preservation purposes.

It forms no part of the intention of these papers to refer to, or in any way notice what is generally termed the chemical active principle of the plants or trees under investigation.

I have before stated that my object was to observe the pure effect forthcoming upon the human body from the administration of single doses of the pure juices of plants preserved as I have pointed out.

But while this is the case, it beyond question adds to the interest of our remarks to point to the researches into the actions of the substances touched upon made by others who work from entirely different directions.

In the *Journal Belge d'Homœopathie*, October, 1894, is the following paragraph that cannot fail to interest us all in this connection.

“Dr. Coolen has taken up the experiments made by von Mehring in 1886 with *florizine* (a glucoside extract from the root of the apple tree.) He has found, like the latter, that this product has the remarkable power of developing glycosuria only; according to Dr. Coolen, this property is alone manifested when injected into the cellular tissue. Injected into the stomach or intestines, it does not produce any visible effect, and the analysis of the urine does not disclose sugar. What is important to know is that the injection of a certain quantity of florizine produces more effect upon a subject who has once submitted to it than upon one experimented upon for the first time; even if the glycosuric action of the first experiment can no further make itself felt. In consequence of this the author has asked if he had not the means of producing a permanent

diabetes, but he has not succeeded; some days after the last injection all trace of glycosuria would disappear. What is necessary to note also is a remarkable adaptation of the organism to the intoxication which would appear to be imposed on it; thus it is remarked that rabbits eliminate masses of sugar and their weight varies little or nothing. These animals were in nutritive equilibrium, as perfect as possible, from the commencement of the experiment. There would not remain, according to M. Coolen, any way of explaining this except by recognizing that these animals have instituted economies in other products of waste. These teachings are gleanings from *La Clinique*, the official organ of the Brussels Hospitals, 11th October, 1894."

I have good reason for saying that the great depression which sometimes accompanies the action of *pyrus malus* constitutes a characteristic for it in cases of abdominal tumors accompanied by a like symptom: in very hopeless cases of this kind, I would urgently entreat *confrères* to give a single dose of *pyrus malus* and allow it to expend its activity in the organism and not to repeat it until all trace of such action had disappeared, even though this might not be for weeks or even months.

In many ways the direction taken in the action of *pyrus malus* reminds me of the effect of *zincum metallicum*; the slowly progressing irritation of the brain giving rise to sympathetic disturbances in the abdominal viscera; with *zincum*, in the kidneys causing enuresis, and with *pyrus malus* in the stomach occasioning indigestion and various forms of gastric disturbance.

I have been in the habit of recommending small doses of malic acid in the vomiting of pregnancy as well as in sea-sickness for a number of years; and once, on mentioning this to a very intelligent chemist, he told me he had observed the same effect, and had at one time thought of putting it up as a patent remedy for both these complaints, so generally successful did it prove. The juice of a sour apple, obtained by pouring water on to an apple cut into small pieces and crushed in a tumbler, and allowed to stand for an hour or so, forms a most refreshing drink on board ship, especially when the tendency to sea-sickness is urgent.

BLATTA ORIENTALIS.

BY T. L. BRADFORD, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society, County of Philadelphia, February, 1895.)

SYNONYM: Indian cockroach. Class: Insecta. Order: Orthoptera. Common name (Indian): Talápoka.

The first record of blatta appears in Dr. B. Mure's *Materia Medica, or Proving of the Principal Animal and Vegetable Poisons of the Brazilian Empire*. New York: Radde. 1854.

This book contains a fragmentary proving of the *Blatta Americana*, or the Brazilian *Blatta*. About forty symptoms only are given, and it is stated that the provings were interrupted by an accident. In Allen's *Cyclopædia* this is quoted, and there is no other reference to this medicine. The next record is in vols. 26, 27, 28 of the *North American Journal of Homœopathy*.

In that journal for August, 1877, is the following note: "The infusion of *Blatta Orientalis* or *Blatta Germanica* enjoys among the people of Russia a great reputation against dropsy. Prof. Botkin experimented with it, and gave it in decoction, infusion, tincture, or powder, in different cases of dropsy, and found that it increases the excretion of urine, and that the œdema of the feet, hands, face and of the body decreases, but perspiration increases. It does not disturb digestion, and cannot be considered an irritant to the kidneys. Of the powder, five to thirty grains per day; of the tincture, forty to eighty drops per day. The cold infusion was made from one-half ounce of blatta to six ounces of water, and a tablespoonful every one to two hours. A crystalline preparation named antohydropin was made from it, and further experiments will be reported."

In the February, 1878, number of the same Journal, there is a quotation from the St. Petersburg *Medical Wochenschrift*, 34, 1877, as follows: "*Blatta Orientalis* in nephritis scarlatinosa. Unterberger used this remedy successfully in the children's hospital of St. Petersburg, and came to the conclusion that the action of *Blatta Orientalis* produces a disappearance of all cedematous manifestations; urination increases, and albuminuria decreases. Where, after the disappearance of the ne-

phritis, albumin appears again in the urine, we may opine that the restitution of the walls of the bloodvessels to their normal state has not fully taken place; they remain permeable for a shorter or longer time to albuminous corpuscles, and formed elements of the blood, and months may pass before restitution exists. *Blatta* irritates neither the kidneys nor the intestines. The œdematous symptoms decrease as also the weight of the body, whereby micturition increases without irritating the kidneys and intestines. Doses of 0.54 gramme and 0.09 gramme per die hardly affect the intestines. It is easily taken, having neither smell nor taste."

In the February number for 1879, *North American Journal of Homœopathy*, there is this note; "On the action of *Blatta Orientalis*, by Dr. Kœhler. After Bogomolow published his successful results in the treatment of dropsy with this drug, and when Unterberger (*St. Petersburg Medical Wochenschrift*, 34, 1877), reaffirmed this success, Kœhler tried it in the following cases: Atherosis cum angina pectoris, nephritis (4) post partum, pleuritic exudativa, anæmic perniciosa, insufficiëntia mitralis, pericarditis exudativa, morbus Brightii, four cases, and others, in all of which œdema, ascites and the other different forms of dropsy were fully developed, and lost only three cases. Every time urine and perspiration were increased, defecation pultaceous, the swelling decreased; even those patients who succumbed to their incurable diseases felt relieved. The drug did not irritate the abdominal organs, and the albumin disappeared in every case from the urine."

In the *North American Journal of Homœopathy* for August, 1879, Dr. Kœhler's experience is again given. He tried it in thirteen cases of dropsy, three times daily. Unterberger used it in post-scarlatinal dropsy. David Cerna, in *Notes on the Newer Remedies* (Philadelphia, Saunders, 1893), mentions the active principle, *antihydropin* as follows: "Antihydropin, a crystalline body, whose chemical nature has not been investigated as yet, is thought to be the active principle of the *Blatta Orientalis*, or common cockroach. This new agent has been used chiefly as a diuretic in dropsical affections."

The daily dose is put down as ten to thirty grains.

In the *United States Medical Investigator* for July 15, 1879, is a note: "*Blatta Orientalis* — the Russian cockroach — is being

employed, and is attracting considerable attention as a remedy for various varieties of dropsy." Why is not *Blatta Americana* as good as his relation across the pond?

Wychinski says: "Antihydrin cannot be the active principle of blatta, as it fails in every case."

In the November number, 1890, of the *Homœopathic Recorder*, a letter was published from Dr. D. N. Ray, of Calcutta. He told the story of an elderly man who had had asthma for twenty years, and had been through the domestic and officinal pharmacopœia in vain. He was having daily paroxysms. One afternoon after drinking his usual cup of tea, he noticed that his oppression in the chest was less, and that he felt better. He inquired about the tea. There was nothing in the tea cup; the servant had made the tea in good faith. But the teapot revealed among the tea grounds a dead cockroach. The night after this his attack of asthma was very slight, and in a few days he was entirely well. One of his non-medical friends determined to test the use of this remedy in other asthmatic patients. He got a lot of cockroaches, put them alive into boiling water, filtered this water when it was cool, and mixed it with equal parts of alcohol. With this he began to experiment on every case of asthma he could find. He gave drop doses, three or four times daily, and during the paroxysms, oftener. His fame waxed great; he made many cures; and he was compelled to make a great deal of medicine, for which, however, he never made any charge.

In 1888 a patient of Dr. Ray spoke to him of this remedy for asthma. Dr. Ray then got some of these beetles, pounded them, while alive, to a fine pulp, and triturated according to class 1x of the *American Homœopathic Pharmacopœia*; that is, 2 parts, by weight, of the substance, and 9 parts, by weight, of sugar of milk, giving 1x trituration. He continued this to the 3d trituration, and also made an alcoholic solution. A few live cockroaches were crushed, and five parts, by weight, of alcohol poured over them. It was allowed to remain for eight days in a dark, cool place, being shaken twice daily.

Dr. Ray, in his letter, says: "After the expiration of that period the alcoholic solution was poured off, strained and filtered, when it was ready for use. I began to try both the preparations—drop doses of the tincture and grain doses of 1x, 2x and sometimes

3x, three or four times daily when there was no fit, and almost every fifteen minutes or half-hourly during the severity of a fit. Both preparations began to answer well, and I was getting daily more and more encouraged about the efficacy of this new drug. I had the opportunity of trying quite a number of cases of asthma within this short time, the reports of which I wish to publish in the future, but for the present I am glad to say in many cases it acted almost specifically; that is, the whole trouble cleared away within a fortnight or so, without recurrence. In some cases the severity of paroxysm was lessened and the recurrence of the fits took place at a longer interval; in others, again, only temporary benefit was observed."

Dr. Ray found it especially applicable to the asthma of damp and rainy weather. In the September number, 1891, of the *Recorder*, Dr. Ray published a long letter, and after giving the pathology of the Indian asthma, says:

"There is no rule as to the duration and termination of an attack; it may end suddenly within a few minutes, or gradually with remission or intermission, but in most cases there is a cough at its close, with more or less *pearly* mucous expectoration—the characteristic asthmatic sputa. There are cases in which there is no secretion from the first to the last, and the spasms disappear without expectoration. The cough at the termination of an asthmatic attack is very often troublesome and paroxysmal; with each spell the patient goes on coughing and hacking until some sputum is brought up, when he experiences great relief till the next fit of coughing. These coughing fits are very oppressive and fatiguing to the patients, owing to the difficulty in raising the tenacious sputa, and you will often hear the sufferer begging you to make his or her expectoration free. You will find *blatta orientalis* a capital remedy in relieving this kind of cough. *Blatta ori.*, when given in repeated doses at the commencement of an asthmatic attack, cuts short the paroxysm within a short time; so I am inclined to think it affects pre-eminently the pneumogastric nerves in thus relieving the spasm of asthma. Here its action is similar to *arsenicum alb.*, *ipecacuanha*, *cuprum*, *lobelia infl.*, etc. As it makes the expectoration free and coughing-fit less frequent and less severe, here, again, its action is similar to *antimonium tartaricum*, *ipecacuanha*, etc. It acts better in low potency and repeated doses

during an attack of asthma; when the spasm subsides, the terminal asthmatic cough, with wheezing and slight dyspnoea, etc., is better relieved with higher potencies. The low potency, if continued after the spasmodic period is over, will make the cough more troublesome and harassing to the patient and the expectoration tenacious, thick and very difficult to raise; but this will not be the case if the potency is changed. I had this difficulty in a few cases when I was less acquainted with the action of the drug, but now I manage my cases better. In four patients who continued the drug for some time in the low potency during the paroxysm and after it was over, the cough became dry and hacking, with little or no expectoration; streaks of blood appeared in the sputa, which the patients had never observed in the course of their long illness. This appearance of blood in their sputa was the cause of a great anxiety to them and made them hurry over to my office. On inquiry, I learned from two of them—one a lady and the other a young man—that while taking this remedy they felt a sensation all over the body, for four or five days previous to the appearance of the blood, as if heat were radiating from the ears, eyes, nose, top of the head, palms of the hands and soles of the feet. They attributed this sensation of heat all over the body and the appearance of the blood in the expectoration to the drug. I directed them to stop the medicine at once; this they did, and with the discontinuance of it, the blood disappeared from the sputa as well as the sensation of heat, but to me it was an open question whether this appearance of blood in the expectoration was due to over-drugging, although I must say that the presence of the streaks of blood in the sputa of asthmatic patients is not an uncommon phenomenon. I resolved to give the same potency to the same patients after the lapse of some days. I did so, and, to my surprise, the blood-streaked sputa again appeared after they had taken the remedy 1x, one grain four times daily. From this the patients understood it was the same medicine that had been given to them on the last occasion, and begged me not to give it again, as the appearance of blood in the sputum frightened them in spite of all my assurance. No more strong doses of the drug were given them, and they did not notice any more blood in the sputum. I have heard other patients complain of this peculiar sensation of heat whenever

strong doses were given to them for some time. It acts better on stout and corpulent than on thin and emaciated persons. Asthmatic patients who have malaria are less benefited by blatta. I have used it with good result in the troublesome cough and dyspnœa of phthisis." Dr. Ray then presents eight pages of clinical results.

In the July number, 1892, the following appears :

"The *blatta orientalis* has already served me a thousand times its weight in gold. It reached me just in time to rob the grave of one case of asthma of over twenty years' standing. Physicians of allopathic, eclectic, botanic and even homœopathic schools of medicine had given the patient up to die, and the time limited to less than twelve hours, when the *blatta orientalis* brought new hope and new life. First dose gave immediate relief.

C. F. JUNKERMANN, M.D.

NELSONVILLE, OHIO, May 31, 1892.

Blatta Orientalis.—*Blatta orientalis* 6x in a case of asthma, that had been treated by half a dozen, has had more relief from it than from anything he ever used. Has taken it for six weeks and is almost free from the asthma. I think it is a success.—*Extract from letter from D. P. Perry, M.D., Trumansburg, N. Y.*

Mr. A. J. Tafel, writing in the *Recorder*, February, 1894, says :

A valuable Alderney cow of the writer's was taken with a bad attack of asthma, against which the usual remedies were used without effect. *Blatta* 3x produced marked amelioration within less than a week. Some time after, on stating his experience at a social gathering, a gentleman present, who was laboring grievously with a protracted fit of asthma, requested that the remedy be sent to him, as he had used many homœopathic remedies without success. It was sent, and a few weeks after, before leaving for Europe, he wrote for a further supply, as he had been greatly benefited by that remedy.

Within the last six months this remedy was used to his knowledge in many chronic cases with equal success.

The California *Medical Journal* for December, 1894, thus mentions blatta :

Blatta, or Lentalis in the Treatment of Asthma.—This agent is not a toothsome one to contemplate, it being the Russian cock-

roach. However, the homœopaths are active investigators of animal secretions and substances as remedies, and they assert that this one is a sovereign cure for asthma. We hear of good and reliable remedies for this purpose often, but hardly realize the fulfillment of the promises of those who introduce them. Possibly we will find the same experience as regards this one. However, recent writers report very positive effects in old and stubborn cases, and it might be well to investigate, where urgent need of a remedy of this character was present.

The following case occurred in my own practice:

Mrs. D., æt. 28, thin, phthisical and asthmatic. Slightest cold would bring on an attack which would last some time. Sweeping, dusting, or damp weather would also produce it. She was better from going out into the open air provided it was clear and in the daytime. Her symptoms were profuse lachrymation, dryness of throat, not relieved by water; great wheezing but no soreness, on the chest; relieved by lying down and aggravated by sitting up; sharp stitching pain between the shoulder blades, aggravated even by a short breath, so that it was difficult for her to breathe. Smothering sensation as if from a plug (mucus), mucus which she could by no amount of exertion or coughing, dislodge. After coughing, a small amount of expectoration, tinged with blood. After the attack of cough, great weakness. When eating every particle of food seemed to stick in her throat and she could not swallow it; loss of appetite, no desire at all for food. Prescribed *blatta orientalis*, 6x dil., 5 gtts. in $\frac{1}{2}$ glass of water, a teaspoonful of this every three hours. The patient got speedy relief; the remedy was continued for two weeks and the patient has had no return of the attacks since; for ten months she has had no attack.

I have used *blatta* in another case of asthma in a girl of 15. When I was called she had not been able to lie down for two weeks; the *blatta* has relieved her, but she is very careless and I could not see so great an amount of benefit from it as in the first case. Her mother told me a few days ago that after taking the *blatta* she had been able to lie down at night, a thing that previously she could not do. For two months she was without an attack. The girl told me lately that she could go to bed, that she had no attacks of asthma and felt very much improved. She only takes the medicine during an attack. Previous to

taking the blatta she had sat up in an easy chair during the night, not being able to go to bed for several weeks.

Mrs. K., 61 years of age, stout. November 27th. Wheezing, asthmatic, cannot lie down, breathes with difficulty. Does not pass much water and that is dark.

December 11, 1894. Much better. Can breathe easier and has been able to lie down better. Said she knew the medicine made her feel better.

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A NEW METHOD OF COLORING GONOCOCCI.—Dr. A. Ljanz proposes a new method of coloring gonococci in that the secretion to be tested is spread in a thin layer upon a cover glass, and fixated by drying over the flame of an alcohol lamp. The glass is then exposed to the action of a 20 per cent. solution of a trichloracetic acid for one-half to one minute. This causes it to become immediately white. The excess of acid is removed by dipping in water, and this is absorbed by blotting-paper. The preparation is again fixated by warming cautiously and dipped into a solution of methyl-blue. This latter is prepared by adding one to two drops of a 5 per cent. solution of caustic potash to 30 cubic centimeters of water, and then adding an alcoholic solution of methyl-blue to this until a dark-brown color results. In this solution the preparation should be exposed for two to five minutes, after which it is washed in water and mounted in Canada balsam. The gonococci are colored dark blue, the cells nuclei light blue, and the cells themselves bluish. Double coloration may be effected with eosin or Bismarck brown. Acetic acid cannot be substituted for the trichloracetic acid.—*Deutsche Medizinal-Zeitung*, No. 16, 1895.

EDITORIAL.

LUCUS A NON LUCENDO.

WE are sorry to see that the retiring President of the Medical Society of Pennsylvania (allopathic), at its forty-fifth annual session, in Chambersburg, in his address, saw fit to present his views on the Present Attitude of Physicians and Modern Medicine towards Homœopathy.

It was an attempt to justify the refusal of allopathic physicians to meet homœopaths in consultation. That justification, or at least explanation of some sort, is demanded by the public, cannot be doubted; in how far this address will prove satisfactory, we would not venture to say. It is becoming so much a matter of daily occurrence to see cases doomed by allopathic physicians rescued by so-called homœopaths, that all the specious arguments and popular illustrations lavished in the address will fail to convince the public that there is not some difference between the two branches of the profession, and between their respective modes of treatment, which it would be to its advantage to have utilized.

We do not deny that the old school is occasionally more successful, but far more rarely, and the contrast between the two methods pursued, and the length of convalescence, only serve to emphasize the radical difference at bottom.

In an address delivered by the same gentleman some time ago, the points of (apparent) similarity between the two schools were brought out. Both that address and this show a superficiality which we would not have expected of their author.

If the two systems are so nearly alike, and the adherents of *either* make use of any device, however allowable, perhaps, in other businesses, to trade upon a name, then do they thereby degrade the profession, disgrace themselves, and should be to the rest of creation as "publicans and sinners." This is virtually the charge made by the old school, and repeated here as a justification for the refusal to consult with homœopaths. The alleged want of belief in the doctrines of homœopathy by its adherents, and the impossibility of any good resulting to the

patient from consultation—if they did believe in them—are dragged in somewhat illogically to strengthen the position of the supporters of the *code*.

The endeavor to prove that there is anything in the name homœopath that restricts its possessor in his choice of remedial agents, by a comparison with the names electropath and hydro-path, is rather disingenuous to say the least, since in those cases the name indicates the remedy used, while in this the name indicates the principle according to which any and every remedy may be used. The homœopath employs his remedies not “because he believes they produce in the well symptoms similar to those of the disease with which his patient is afflicted,” but because they *have* produced such symptoms, and therefore, according to a law which he believes to be universal, as far as cure is concerned, can be used with the greatest hope of success.

Is it not preferable to have some principle to guide, rather than to confess, as is done by many of the most eminent of the allopathic profession, that they are led by physiological and chemical experiments, but principally by the treacherous results of experience?

The variety of views held by homœopaths is surely not to be wondered at, when we consider the terms in which their principle is expressed: Like is cured by like. Each term is capable of so many explanations, limitations, and delimitations that our school would be but a collection of thick-skulled plagiarists if there was to be found absolute uniformity in their comprehension of them. Unless we are willing to grant that the science of homœopathy differs from all other sciences in being incapable of development, we dare not say that to differ from Hahnemann causes us to cease being homœopaths. The science of homœopathy is far above Hahnemann, and its development may lead us, we do not say has led us, beyond the standpoint which he necessarily occupied. By the use of the name homœopath, therefore, a physician implies that in the attempt to cure, not palliate disease, he is guided by the principle *similia similibus curantur*, as far as his knowledge of the meaning of similarity, and of drug action reaches.

The fact that some non-sectarian physicians “prescribe medicines in powder, or in a few drops of tincture in water, or in pellets or tablets in water,” does not make them or any other men homœopathic physicians. The methods of practicing the

art of medicine, as suggested by Hahnemann, have in reality nothing to do with the science of homœopathy, adherence to which is all that the majority of physicians wish to assert by their use of the name homœopath.

As to the doctrine of potentiation, in view of the methods at present employed in the various Pasteur institutions, and in the preparation of the antitoxines, it would seem that there is nothing very strange and certainly nothing irrational about it, if we understand it to mean the development of a condition in which the substance produces its desired effect with the greatest certainty. There are at the present time but few homœopaths who believe that the *absolute* power of a drug is increased by dilution, trituration, or succussion, but most do believe that their *relative* power, *i.e.*, their ability to cure disease is thereby developed and increased.

Granted even that this doctrine were rejected, it is a Hahnemannianism, not intrinsic in homœopathy, which as its name expresses, has only to do with the principle guiding in the choice of a remedy.

As to the "curious" homœopathic remedies, we grant that when it comes to advertising potentized moonshine we might hesitate to defend it, or might be willing even to condemn it absolutely, were it not that various allopathic physicians have demonstrated that of the solar light the red ray has a most beneficial effect upon the progress of small-pox.

When reference is made to preparations from the pustules of small-pox, we retort by pointing to the whole serum therapy over which there is at present so much jubilation in the old school; and we hardly know which to prefer, the domestic *cimex* of the homœopath, or the testicular juice of the other side. If we have the pole-cat, they use musk. The number of such substances used has nothing to do with the relative absurdity or wisdom of their employment, for if the principle of their allowability be acknowledged, the greater their number the more praiseworthy the cleverness of the one introducing them.

We personally think that the time for pitting the medical schools against each other is past. By their fruits ye shall know them. We feel perfectly willing to leave the whole question to the practical horse sense of the public. We find extremists on both sides—ultra spectral rays—who need not bother us, though their influence is felt. We do not advocate amalgamation, nor

anything like it, but we do advocate a standpoint above that of either sect, a higher plane, upon which the elect of all schools may even now meet, but which will ever remain a *terra incognita*, an unthinkable *No-man's land*, to the bigoted rank and file.

In a paper read before the American Academy of Medicine, at Baltimore, May 4, 1895, the author, L. Conner, A.M., M.D., of Detroit, Michigan, points to something of the same kind, when he gives it as his belief that his school is drifting towards the practical adoption of the following: "Every physician shall be deemed eligible for professional consultation who has shown that he has such preliminary training as enabled him to comprehend the study of medicine; has fully mastered the elements of medical science and art; has complied with existing laws respecting physicians in the State of his residence; and who has maintained an honorable reputation. Of these qualifications the physicians of his locality shall be the final judges. If those who know him best endorse him, then shall he be freely admitted to membership in all medical organizations and be eligible for consultation."

We homœopaths have nothing particular to gain by this supposed concession, and can therefore, calmly await developments in dignified silence.

THE NEWPORT MEETING OF THE AMERICAN INSTITUTE.

THE forty-eighth annual meeting of the American Institute of Homœopathy has passed into history as one of the most successful ever held. The number of members present, for an Eastern meeting, was small—entirely too small—being 325, with 265 visitors, or a total of 590. The President, Dr. Charles E. Fisher, of Chicago, made an admirable executive officer. He was able, alert and positive, yet conservative, and he presided with a dignity that reflected credit upon himself and the Institute, and assisted materially in hastening along much important legislation which will be very helpful in the future.

The method of election which, in the past, has been an evil of constantly increasing proportions, until it at last endangered the welfare of the Institute, was this year above reproach. Politics was ruled out, and was not heard of, and while the vote for President was uncomfortably close—the winner with

but one vote to spare—the decision of the ballot was willingly accepted by all, and the election was made unanimous.

The sectional work, on the whole, was very satisfactory. The majority of the papers presented and read were of scientific value, many of them showing original thought and investigation. The Sections on *Materia Medica*, Clinical Medicine and Pathology, Gynæcology and Obstetrics, were largely attended, and much interest was displayed at their meetings. Those on Otology, Ophthalmology, etc., Pædology, and Neurology met their usual fate of small but enthusiastic audiences.

During the last day of the meeting the question arose of how to handle the sectional problem so as to produce the best results for all concerned, and various suggestions were made, all of which were more or less impractical. The one recommending that a part of each sectional report be before the entire Institute, and that the more technical papers be referred to the sections proper, was received with the greatest favor; the whole matter, however, was referred to the Executive Committee with power to act. Considerable annoyance was expressed by some at changes in the roster of the time and place of some of the sectional meetings. The changes seemed unavoidable at the time, but steps were taken to prevent a recurrence of the cause of the complaint at subsequent meetings of the Institute. The Intercollegiate committee continued its splendid work and instead of receding from its advanced position on the question of medical education as was predicted, it unanimously reasserted that the four year graded course of instruction of at least six months in each year was necessary and would be maintained by *all* homœopathic colleges. Other measures were also adopted strengthening the requirements of admission to the colleges. This committee is one of the most important of the Institute. The Institute directed that a similar committee be formed to be known as the Interstate Committee for the purpose of obtaining uniform legislation and other important measures. The General Secretary was instructed to communicate with each State society and request that two delegates be appointed from each society to form said committee.

Dr. Pemberton Dudley of Philadelphia, was elected President for 1896.

One hundred and sixty new members were added and Detroit, Mich., was selected as the next place of meeting.

GLEANINGS.

GENERAL MEDICINE.

CONDUCTED BY

WM. W. VAN BAUN, M.D., AND FRANK H. PRITCHARD, M.D.

POISONING BY TRIONAL.—Dr. H. Reinicke records a case of poisoning by this latest hypnotic, which is said to be similar to sulphonal, but devoid of its disagreeable effects. The symptoms in a female of twenty-six, suffering from acute hallucinatory insanity, consisted in nervous disturbances, gastric symptoms, and a decided alteration of the urine. The drug was administered for four months and in all forty grammes (3j 3j) of the drug were taken, with the usual interruptions, and care to prevent accumulation in the system. No other cause for these untoward symptoms could be discovered. The urine was of a bloody color, and white blood corpuscles; hyaline and granular casts were detected by the microscope. At the beginning of the administration, she passed frequent, thin and bloody stools, suffered from nausea and vomiting, with epigastric pain.—*Deutsche Medicinische Wochenschrift*, No. 13, 1895.

RHEUMATIC PLEURITIS.—Dr. A. Fiedler, from a long experience in a large number of cases, has come to the conclusion that a large portion of the cases of acute pleuritis are attributable to a rheumatic infection, thus being complete analogues of acute articular rheumatism, rheumatic endocarditis and pericarditis, so that the old view that all cases of pleuritis which are not of traumatic, septic or carcinomatous character, or are not associated either with pneumonia or influenza, are tuberculous, is hardly any longer tenable.

This he supports both by the clinical course, its being associated with other rheumatic diseases, as articular affections, pericarditis or endocarditis; last, but not least, the excellent results obtained with the salicylate.—*Muenchener Medicinische Wochenschrift*, No. 13, 1895.

THROMBOSIS OF THE CEREBRAL SINUSES IN CHLOROSIS.—Dr. B. Kockel calls attention to the frequency of the appearance of thrombotic processes in chlorotics, and above all in their cerebral sinuses. He has recently observed two such cases. The first was a female of nineteen years who, chlorotic for a long time, was suddenly seized with violent headache and vomiting.

She was brought to the hospital, unconscious, in deep sopor, temperature 36.6°, pupils contracted, the left more than the right, while neither reacted to light; slight trismus. Pulse eighty and irregular, slight systolic murmur at the apex of the heart and over the pulmonary artery. The second pulmonary sound accentuated. Heart not enlarged; her extremities fell flaccid. No albuminuria. Three hours after admission the temperature arose somewhat, the respiration became stertorous and death followed. At the necropsy a thrombus was discovered in the left transverse sinus, of a dark reddish color and softened in the centre. The thrombus extended thence into the vena magna of Galen.

The principal cause of thrombosis in these cases, he sees in the abnormal slowing of the blood current. The blood in chlorosis, contrary to that of pernicious anæmia, clots easily. Heart weakness is also a prominent factor. The clinical course of thrombosis of the sinuses is always rapid. Headache, somnolence, sometimes vomiting and convulsions set in. In a short time the patient becomes comatose and paralytic symptoms follow. Death follows as a rule, in a few days, after the appearance of serious symptoms. The whole picture approaches very closely that of primary hæmorrhagic encephalitis, even in the considerable increase in temperature. The prognosis in thrombosis of veins of the extremities in chlorotics is relatively favorable though death may take place from pulmonary embolism while primary thrombosis of the sinuses in chlorotics always is fatal.—*Deutsche Medicinal-Zeitung*, No. 19, 1895.

THE RELATIONS OF TONSILLITIS AND ACUTE ARTICULAR RHEUMATISM.—Dr. Buss draws attention to the correlation and interdependence of (rheumatic) sore throat and acute articular rheumatism, for in a family, one may observe some to suffer from the former and others from an acute joint affection, or, the throat affection may precede the latter. The rheumatic articular involvement is not infrequently forewarned by rheumatic sore throat. He holds that the majority of infectious diseases may be associated with articular involvement from penetration of the pathogenic germs into the synovial membranes. The infecting micro-organism may penetrate through the tonsils, the "physiological wounds" of Gerhardt, and attack later, the articulations. —*Deutsche Archiv. fuer Klinische Medicin*, liv. i.

THE STATE OF THE GUMS IN THE DIAGNOSIS AND PROGNOSIS OF PULMONARY TUBERCULOSIS.—Dr. A. A. Andreesen, a Russian physician in charge of a health resort for consumptives in the Crimea, is convinced that a red line along the margins of the gums—Frédérico-Thompson's line, is of diagnostic and prognostic importance in pulmonary tuberculosis. Out of eight hundred patients where he looked for this sign he noticed it in ninety-two, i.e., in sixty-nine consumptives with pathognomic signs and bacilli in the sputa as well as in twenty-three suspected ones. It was absent in fourteen confirmed consumptives and in thirty-three simply suspected cases. In the greater number of those where it was observed the disease assumed a grave and more or less acute form, while in those without it the course was slower and more benign.

It is easily recognized by its intense redness contrasting with the paleness of the remainder of the gum. It cannot be confounded with the livid gingival line of old persons and those suffering from chronic affections of the digestive tract. When the general condition ameliorates it will become paler without disappearing completely; it will reappear if fever set in again, and in general, when an exacerbation of the pulmonary process occurs. In healthy pregnant women a similar sign is noticed; therefore, it is not of much value in women in pregnancy and the lying-in period. —*La Semaine Médicale*, No 18, 1895.

NEURALGIA OF THE KIDNEYS.—Prof. H. Senator, admitting that the majority of pains in the renal region are due to the presence of calculi, still holds that there is a true neuralgia of the kidneys which resembles renal colic, except that no hæmaturia and no calculi are passed. It may be either primary or secondary.

As secondary may be regarded those attacks of renal pain setting in from tabes dorsalis and which are analogous to the gastric crises. In hysteria similar states are noticed where the pains radiate from the loins into the bladder and are accompanied by tetanus and symptoms of ovarian involvement.

As primary or idiopathic are to be held all those cases where neither a renal nor any other disease is found to be the cause. Such cases have long been known, but are generally looked upon as due to calculi. The pains appear periodically in the region of the kidneys and ureters, but neither examination of the urine nor necropsy would show the presence of calculi. Many cases have been reported where operations were done for stones in the kidney and a healthy organ found. A diagnosis is only to be made with difficulty, when after long and careful observation neither stones, abscess, tumors, etc., are to be found. Treatment is to be directed toward nephrolithiasis and if this fail, laying the kidney bare and separation of possible adhesions, with its suggestive influence of the operation itself will frequently help. —*Berliner Klinische Wochenschrift*, No. 13, 1895.

ATROPHIC CIRRHOSIS OF THE LIVER WITH A RAPID COURSE AND CIRRHOSIS WITH NERVOUS SYMPTOMS.—Dr. Cardarelli states that in these cases of cirrhosis of the liver one should not only seek for a history of alcoholism and malaria, but also if the patient were in the habit of using highly spiced and irritating foods, which, passing through the hepatic filter, irritate the terminations of the portal vein. In the cases with a rapid course he holds it often to be more apparent than real for the disease may pursue a latent course, the collateral circulation is early established and ascites being lacking, cirrhosis not sought for. But, if one fine day, for some reason or another, this compensation be broken, a seeming acute cirrhosis appears and runs a rapid course. The portal capillaries may be not obstructed and yet the organ is cirrhotic; errors in diet disturb the circulation and the signs of the disease set in quickly, with acute gastro-intestinal signs and ascites. Another cause, peritonitis, may unmask suddenly a cirrhosis pursuing a latent course. This affection often accompanies cirrhosis, but sometimes coming on suddenly it may not only precipitate the symptomatology of cirrhosis but with its

own tumultuousness completely mask the liver disease. Independent of these states there are others where the disease really assumes an acute course from the very beginning. In a short time the vascular network and the hepatic parenchyma present extensive lesions; these forms are frequently accompanied by cerebral symptoms which draw the patient on to his death. Sometimes they are dependent upon cerebral stasis from excessive abdominal repletion when there is swelling of the jugulars cyanosis of the face, etc. Here paracentesis will suffice to relieve. In other cases there is a true cerebral uræmia simulating meningitis, with delirium, coma, contractures, convulsions, vomiting, and at the necropsy only a simple cerebral hyperæmia is discovered, and even this may be lacking. These forms are peculiar to the cases with a rapid course. The blood is not filtered by the liver and if the kidneys act faultily a true uræmia sets in with direful results. Here elimination by the kidneys and intestine are to be assisted as much as possible.—*Giornale Internazionale Delle Scienze Mediche*, fasc. 3, 1895.

THE DANGER OF THYROID FEEDING.—Dr Beclere claims that treatment with preparations of thyroid glands has its disadvantages as well as its advantages. In short it is a heart poison, capable of causing death by syncope. Hence, in employing it, the greatest prudence is necessary. The pulse is the best guide in these cases. It must be carefully watched as to its frequency, and, above all, as to its mobility and stability. Under the influence of the least effort it will be observed to increase to 110 or even 160. In the beginning, rest is best, or, at least, remaining in one's room is to be advised, with avoidance of the least effort, or anything capable of increasing the work of the heart suddenly. This surveillance should be continued also after treatment has been discontinued, for, like digitalis, thyroid preparations have seemingly a cumulative effect. In England, deaths have been reported after a few days' treatment. There are decided differences with regard to individual toleration, which may only be determined by cautious experiment.—*Le Courier Medical*, No. 4, 1895.

MASKED DIPHTHERIA.—Dr. O. Heubner describes under this title secondary affections which attack sickly or previous sick children with scrofulosis or rachitis who have been for some time in the hospital. These patients do not fall sick with inflammatory exudates in the fauces, but with insidious and apparently slight catarrhal diseases of the respiratory and digestive organs. Then, suddenly, laryngeal stenosis sets in. In three such cases two died, and the necropsy revealed croupous involvement of the larynx and trachea. In one case Loeffler's bacillus was cultivated from the nasal mucus, and in another from that of the trachea. Two cases were treated with the antitoxin and one recovered. Therefore, in all cases where, in a child constitutionally sick and affected with fever and catarrhal symptoms, a sudden change for the worse occurs, a bacteriological diagnosis should be made, for the earlier this be done the better the outlook.—*Der Kinderarzt*, No. 2, 1895.

GENERAL SURGERY.

CONDUCTED BY

WM. B. VAN LENNEP, A.M., M.D. AND H. L. NORTHRÖP, M.D.

THE PARIETAL INCISION IN ABDOMINAL SURGERY.—J. Gregg Smith (England) formulates four principles:

1. *The line of parietal incision should be made parallel with the direction of the most important muscular fibres.*
 2. *Separate where possible and do not divide aponeurotic fibres; where division is necessary, let it be in a direction which will permit of the leaving intact one or other of the muscular layers behind the division, or in front of it, or parallel to it.*
 3. *Keep away from the bony margins, and avoid the thickest and least mobile parts of the parietes.*
 4. *Let the incision be as short as is consistent with efficiency. A long incision with separation of muscular and aponeurotic fibres is better than a short one with division of fibres.*
- In closing the parietal incision he states:
1. *The apposition of raw surfaces should be as broad as possible.*

2. Each divided structure should be placed and kept opposite its fellow.
3. The sutures should not be removed early.

INTRAVENOUS S. LINE INFUSIONS.—At a recent meeting of the New York Surgical Society, Dr. Dawbarn stated his opinion that the amount of fluid usually recommended for intravenous infusion in hæmorrhage was ridiculously small. A smaller amount than a quart will seldom be of much use, and in bad cases should be repeated several hours later, as indicated. It is a bad rule to replace the blood lost at an operation only by an equal amount of salt water. The inward bleeding from the shock, especially into the patient's own veins, should not be forgotten. The chief advantage of infusion is the effect of the bulk of the fluid, which makes possible effective action of the heart — *Annals of Surgery*.

INSOMNIA IN SURGERY AND ITS TREATMENT.—Van Schaick (New York) classifies insomnia in general surgery as follows: 1. Nervousness due to fear of operation. 2. Depreciated nervous conditions due to exhausting diseases and to pain. 3. Post-operative nervous influences. 4. The influence of certain special surgical diseases. 5. Complicating pathological nervous disorders.

Fear of operation in pre-anæsthetic days has actually caused death. This fear is naturally no longer experienced in the degree observed a few generations ago, yet it is an important factor in some cases, and hence demands treatment.

Where pain is not the principal factor there is no better hypnotic for this purpose than trional, because of its rapid action, lack of after-effects, and of the deep and restful sleep it induces. Fifteen grains should be given at a dose, and repeated, if necessary, within an hour by another one. The patients awake refreshed, are apt to be more hopeful, and are in every respect better subjects for operation than those who have spent the night in demoralizing wakefulness.

Depreciated nervous conditions due to exhausting diseases and to pain are often attended by a severe degree of insomnia, and trional will often have the happiest results. Chloral, while it is probably the most effective drug known for producing sleep, is a depressant of the heart, and must therefore be avoided in all chronic diseases which have caused general exhaustion.

AN OPERATION FOR RELIEVING PHIMOSIS WHEN COMPLICATING GONORRHEÆ.—Woodward (Cleveland) states that the usual procedure in such cases is to slit up the back of the prepuce, and later on to circumcise, or, to proceed to circumcision at once; but, in either case, the wound becomes infected, and an indolent ulcer the size of the entire incision results, which may last for weeks and leaves an unsightly scar.

To relieve the constriction, and at the same time avoid infection of the wound, he adopts the following treatment:

1. Shave the pubes, penis, and scrotum.
2. Thoroughly scrub the parts with a solution of bichloride of mercury, 1 to 2000.
3. Compress the glans penis, forcing the blood out, and dexterously slip back the prepuce over the corona glandis, converting the phimosis into a paraphimosis.
4. Cleanse the glans and prepuce well with the same antiseptic solution, and have an assistant hold the glans wrapped in cotton wet with the bichloride.
5. Place a rubber band about the penis near the base.
6. Inject a 4 per cent. solution of cocaine subcutaneously, beginning just in front of the rubber band, along the dorsum of the penis, and carrying the needle as far forward as the constriction behind the corona glandis, slowly injecting the solution during withdrawal.
7. Pick up the skin at the point of insertion of the needle, and snip with scissors.
8. Withdraw the foreskin to its fullest extent, bringing the constriction (junction of mucous and cutaneous surfaces) about a quarter or half an inch back of the corona glandis.
9. Introduce subcutaneously a grooved director in the incision made, passing it down beneath the constriction.
10. Upon the director pass a tenotome flatwise, until the constriction is reached, then turn the cutting edge up, and gently sever the constricting band *without cutting through the mucous membrane or skin*.
11. Withdraw the instruments, remove the rubber band, check the few drops of blood that appear, take one or two fine catgut stitches in the wound, and close it

with cotton and collodion, to prevent the absorption of any poison that may afterward touch it.

12 Lay one thickness of iodoform gauze over the glans, again compress it, and draw down the prepuce to its former position.

The opening in the prepuce is apparently enlarged at the time, and this increases during the first three days. To prevent edema of the penis, bandage the organ snugly, swing the scrotum up over the abdomen, and give an opium pill the first two or three nights to prevent priapism.

The patient is now able to retract the prepuce at will, and daily dressings can be applied to the irritated membranes. The soreness disappears in a few days.

When the gonorrhœal discharge has entirely ceased, circumcision can be performed if considered advisable; but in the cases treated thus by the author, the opening in the prepuce has been rendered so large that there was no possibility of a phimosis occurring with any subsequent attack of gonorrhœa, and circumcision was not indicated. The operation is equally applicable to phimosis complicating chancrels. If the chancrel should be in the dorsal median line beneath the prepuce, pass the grooved director and tenotome to one side.

The wound in the skin need only be large enough to admit the tip of a grooved director, and the resulting cicatrix is almost invisible. The tenotome should be well bellied, and have a keen edge.—*New York Medical Journal*.

GYNÆCOLOGY AND OBSTETRICS.

CONDUCTED BY

GEO. R. SOUTHWICK, M.D.

TWO COMPARATIVE CASES OF VERSION AND EXTRACTION AND SYMPHYSEOTOMY.—Wehle reports two cases from the Dresden clinic which were carefully observed to compare the merits of the two operations. Both cases were generally contracted flat rachitic pelves, the conjugata vera of one measured 7 centimeters, and the other measured 6.5 centimeters. Both of these cases entered the clinic, and were delivered within a few hours of each other. The first one was delivered by version and extraction. The second case was delivered by symphyseotomy. The latter case had an uneventful convalescence, and left the hospital in four weeks. There was, however, all the trouble of assistance and preparation which such an operation requires, besides the unusual amount of care and frequent change of dressings during convalescence.

The version was performed on a patient who had been delivered previously by symphyseotomy. The os uteri was dilated, the membranes were not ruptured. The version was performed with immediate extraction of the child in the dorsal position with the hips well over the edge of the table and the legs hanging down (Walcher's position), in which the conjugata vera is lengthened about 1 centimeter. The child was easily and quickly extracted, weighing 3780 grammes. The patient also had a perfectly normal convalescence, and was dismissed in ten days. The best results were obtained when the os uteri is fully dilated and the membranes are intact. Every effort must be made to obtain these conditions. The colpeurynter is an excellent instrument for this purpose, and it should be used till the cervix is fully dilated, even if the membranes have ruptured it should be used to prevent the further escape of the liquor and to dilate the parts. No advantage is gained by mere prophylactic version. It is a well established fact in the Dresden clinic that in pelvic contractions down to 7 centimeters in flat pelves and to 7.5 centimeters in generally contracted pelves, the spontaneous course of labor should not be waited for, but that the patient should be delivered by version under the above rules and conditions with the valuable aid of Walcher's position.—Wehle, *Munchener Med. Wochenschrift*, 1894, No. 25.

SYMPHYSEOTOMY AND ITS INDICATIONS.—In 3290 deliveries there were only 9 symphyseotomies. This comparatively rare use of the operation is due to the rule established by Leopold that symphyseotomy is only to be performed in place of the relative Cæsarian section and to avoid the perforation of the living child. Leopold is positively of the opinion that a medium-sized child can be delivered in a conjugata vera of 7 cm. in a flat rachitic pelvis or 7.5 cm. in a generally contracted pelvis by version and immediate extraction and the aid of Walcher's po-

sition with the best results for the mother and child, if the operation is undertaken immediately with a fully dilated cervix and the membranes are not previously ruptured. Deep lacerations of the soft parts have been observed after difficult forceps deliveries following symphyseotomies in primiparæ. The hæmorrhage is often severe in these cases, and is controlled by continuous compression with a tampon. Suturing of the bones is not necessary; neither is drainage of the space in front of the symphysis. Rapid delivery with the forceps has been the rule. The final results have been satisfactory.—Bushbeck, *Centralblatt für Gynækologie*, No. 10, 1895.

THE TREATMENT OF ECLAMPSIA IN THE DORPAT CLINIC.—Narcotics, chiefly morphine, are used in medium doses, but frequently; about six times in twenty-four hours, according to the quantity of urine secreted. Enemas of chloral are used; light chloroform narcosis only in case of operation, including passing the catheter. Warm baths are seldom employed, moist, warm packs are always; also rubbing several times daily with warm vinegar, salt and alcohol solutions, and the simple introduction of heated air between the sheets. The intestinal tract is emptied as early as possible with some saline (sulphate of magnesia and soda). Great importance is attached to the functions of the kidneys. The secretion of urine is excited by the use of milk and some mineral water, and the local use of a hot-water bottle over the kidneys which always has a very favorable action on the secretion of the urine, especially where there is a large percentage of albumin and a scanty secretion of urine.—Professor A. N. Gubaroff in *Centralblatt für Gynækologie*, No. 5, 1895.

OPHTHALMOLOGY, OTOTOLOGY AND LARYNGOLOGY.

CONDUCTED BY

CHAS. M. THOMAS, M.D.

HYPODERMIC INJECTIONS OF PILOCARPINE IN MENIERE'S DISEASE.—These cases were treated by Labit in Moure's clinic at Bordeaux, and occurred in a governess aged sixty-eight, a stoker aged forty-nine, and a female cook aged twenty-eight. The first had previously been affected with sclerotic catarrh of both middle-ears; the others were quite free from any aural disease of the kind, but were, from the nature of their occupations, exposed to extreme heat. In all there were the typical symptoms: noises, vertigo, nausea or vomiting, and deafness to osseal as well as to aerial sound vibrations. In the second case one ear only was affected. The first received 15 injections of from $\frac{1}{4}$ to 1 centigramme (about $\frac{1}{28}$ to $\frac{1}{2}$ grain), the second 13 of from $\frac{1}{2}$ to 2 centigrammes (about $\frac{1}{18}$ to $\frac{1}{4}$ grain), and the third 8 of from $\frac{1}{4}$ to $\frac{1}{2}$ centigrammes (about $\frac{1}{28}$ to $\frac{1}{2}$ grains), continued and increased. In all the cases the vertigo disappeared, the noises diminished, and the hearing was to a certain extent restored. The writer compares the absorption produced to that observed in pleural and peritoneal effusions under the action of pilocarpine. Success depends upon the correctness of the diagnosis and the early adoption of the treatment.—*Rev. de Laryngol., d' Otol. et de Rhin.*

RIPENING OF IMMATURE CATARACTS.—Bettelman presents the results obtained during six years by his method of making an incision in the cornea with a keratome, guarding the iris with a properly shaped spatula, and with another spatula, introduced through the wound, striking the lens from six to twelve times.

He made the following deductions: 1. Artificial ripening of cataracts is in properly selected cases, demanded. 2. Direct trituration is preferable to other methods; it is easily performed by one possessing ordinary skill. 3. It is not followed by any untoward symptoms, consequently it is a safe and reliable procedure. 4. It is not indicated where sclerosis involves the bulk of the lens. 5. It is especially useful in senile cataracts with soft cortex. 6. The results of the massage are marked and rapid. 7. Maturity of the cataract is usually induced in three weeks; often sooner. 8. Very little discomfort is caused the patient aside from bandaging the eye for two days. 9. At the subsequent extraction of the lens the cortical substance is readily removed, and dangers of iritis and suppuration of the corneal wounds are lessened.

MONTHLY RETROSPECT

OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY

CLARENCE BARTLETT, M.D.,

FRANK H. PRITCHARD, M.D., AND F. MORTIMER LAWRENCE, M.D.

THE THERAPEUTIC TREATMENT OF CASES AFTER ABDOMINAL SECTION.—Mr. George Burford, gynæcological physician to the London Homœopathic Hospital, writing "On a Consecutive Series of Eighty Abdominal Sections in Women," states that he employs *arnica* before and for twenty-four hours after the operation, for the purpose of controlling the effects of traumatism and stimulating the reparative processes which make for recovery. He uses *belladonna* and *mercurius* corr. in alternation during the second, third and fourth days, as tending to carry out the first surgical maxim, "a dry peritonæum," and lessening the susceptibility of the peritoneal tissue to inflammatory reaction. He often uses *lycopodium* during the fifth and sixth days, the indications for which are familiar to all operators who have witnessed the flood of urates which is discharged during this time and often earlier, in properly progressing cases. Nitric acid is sometimes called for on account of fleeting bladder irritation, and china ultimately as a general tonic. Many of his recoveries have been so easy, peaceful and unbroken as to compare most favorably with the course of convalescence in many a purely medical disorder.—*Monthly Hom. Review.*

CROTALUS IN SICK HEADACHE.—Dr. Wingfield reports the case of a Miss J., aged 50. For ten years she had suffered from severe headaches, which came on periodically every three or four weeks. Many kinds of treatment had been tried unsuccessfully. Headaches so severe that she had to spend three to four days in bed every month. They seem unconnected with periods. They are blinding, commence over right temple, passing over to left temple, then to vertex and occiput; they usually cause vomiting, which does not relieve. Immediately they have passed, she feels all right, and can go about as before. Her health otherwise good. *Crotalus* 6x ordered every three hours, with immediate benefit, and she has not had an attack now for many months.—*Monthly Hom. Review.*

CALCAREA FLUORATA IN LONG-LASTING AND INDOLENT GLANDULAR ENLARGEMENTS OF THE CERVICAL LYMPHATICS.—Dr. Sybel speaks very highly of the fluoride of lime in the treatment of indolent and long-lasting glandular enlargements of the cervical lymphatics, and especially where the hardness of the gland is pronounced. He thinks that similar results might be obtained in enlarged bronchial and mesenteric glands.

Success was obtained in a number of cases; the three following are presented as typical examples of its action:

1. An unmarried woman, of twenty five years, had had for many years a group of enlarged glands, which, situated under the right side of the lower jaw, decidedly disfigured her face. Beyond a small gland at the margin of the group, which showed a tendency to suppurate, the whole mass was hard, showed no inclination to inflame, and was not sensitive to pressure. The small and suppurating gland healed, with a discharge of a caseous mass, under *hepar sulph.* and *silica*; yet the general enlargement remained unaltered. *Calcarea fluorica* 5x was then given, once a day. In three weeks the patient claimed a slight diminution, and as this gradually became more pronounced, the remedy was continued, so that in six to eight weeks the conglomerate mass resolved itself into isolated glands, which finally remained of the size of hazel nuts. The patient thought all further treat-

ment unnecessary, and immediately married. The time of treatment lasted from April 2^d to the end of November—a relatively short time for such an inveterate affection.

2. A robust young man of twenty years presented in the right submaxillary region, immediately under the jawbone, a conglomerate of several hard lymphatic glands, which, by their size, had a very deforming effect upon his entire face; one at the edge, of the size of a hazel nut, was apparently about to suppurate. The remainder were hard and painless; they had been noticed since childhood, though they had attained their present size only four or five years ago. Silica and kali chloratum controlled the suppuration, and *calcareo fluorata* in alternation with the chlorate of potash were continued, one of each powder daily. The diminution in size of the glands was continuously noticeable, and at the end of sixteen months they had wholly disappeared.

3. An unmarried woman of fifty years had carried, for years an indurated gland in the right submaxillary region of the size of a small hen's egg, but which was neither red nor painful. She had tried all sorts of external remedies without success. *Calcareo fluorata* 5x, one powder morning and evening, and, later, only one a day, caused the enlargement to disappear in six weeks; a relatively short time for a glandular enlargement which had persisted for eight years.

In a child of five years, who for the past two had had numerous and indurated glandular enlargements in the submaxillary region, the same drug in the fifth decimal trituration dissipated them in a few weeks.—*Zeitschrift des Berliner Vereines Homœopathischer Aertze*, Bd. XIV., Hft. I.

TREATMENT OF CONSTIPATION.—At a recent meeting of the French Homœopathic Society this subject was discussed. Dr. Boyer thought alumina 6x one of the best remedies, he finding it indicated in very rebellious cases, in patients who have only four or five (?) stools a month, and then resembling sheep's dung covered with mucous shreds. These patients complain of their heads; they are rendered ill by the slightest effort at mental work; yet rarely complain of their intestines. Therefore, it suits best those who follow very sedentary occupations. He sometimes alternates it with opium or plumbum. Dr. M. Jousset declares this disease to be one of the most difficult to treat. He frequently employs *collinsonia* 1x trit., one dose on retiring. It is especially indicated in pregnancy and uterine affections. *Lycopodium* 30x he employs when the stools are small. Constipated children have very voluminous stools; here opium has generally helped him out. At the same time he advises a diet of Graham bread.

Dr. L. Simon stated constipation to be a symptom which is met with in numerous morbid conditions, and which necessarily must be treated in very different manner according to the patient. That accompanying uterine diseases, will frequently yield to *magnesia carbonica* or *muratica*. Recently, he with this remedy cured a case in a woman who had not had an unaided stool in years. *Sepia* will also act in these conditions, above all, if associated with uterine displacements. *Æsculus* is a good remedy for constipation, in general; he has often seen it do great good, though he cannot fix the indications. Dr. Tessier has obtained satisfactory results with *natrum mur.* 6x and 30x in rebellious cases. *Æsculus*, in the tincture or first decimal, is also useful. *Calomel* 2x, given at the beginning of the meal, often will cure.—*Revue Homœopathique Française*, No. 2, 1895.

TREATMENT OF DISEASES OF THE MAMMARY GLAND.—Dr. P. Jousset, though admitting that the majority of these affections require surgical measures, presents the treatment of congestion of the breast, fissures of the nipples, phlegmons, and abscesses, as well as that of its tumors.

Treatment of Congestion of the Mammary Gland.—This affection, though accompanying a number of pathological states, is chiefly met with during or at the beginning of lactation. There is an initial chill, with depression and fever, while the breasts become enlarged, hard, and painful, and the single lobules of the gland are easily made out through the skin. Though it may disappear of itself, it again may be the beginning of a phlegmonous process. *Belladonna* is the chief remedy; yet *bryonia* and *chamomilla* are also useful. Rub warm olive oil upon the breasts three times a day and cover them with a layer of cotton. Draw off the milk with care.

Treatment of Fissures of the Nipples.—These, besides being very painful and hindering nursing, may be the point of departure of an abscess. Dr. Hughes recommends *calendula* highly, but the writer prefers *castor equi*, which is homœopathi-

cally indicated, externally and internally. He employs a salve from the first dec. trit., applying it after each nursing, after previous cleansing with a warm solution of boric acid. Internally, he administers it in the sixth dec. dilution. Graphites and hydrastis may also be employed.

Treatment of Mammitis.—The chief remedies are belladonna, bryonia, phosphorus, phytolacca, hepar sulphuris, and silica.

Belladonna.—The remedy of the beginning, covering well the initial congestion preceding the development of phlegmonous processes. It is especially indicated where the redness is erysipelatous, and the pains are lancinating. The tincture, two drops in six ounces of water, and a teaspoonful every two hours.

Bryonia.—Chiefly used by Richard Hughes; he employs it if no relief follows belladonna in twenty-four hours. The first three dilutions every two hours.

Phosphorus.—If the preceding treatment has not arrested the course of the disease, or if called when suppuration has begun, phosphorus is the principal remedy. It is indicated by swelling, redness, lancinating pains and suppuration of the mammary gland. It decreases the pain and hastens the termination of the abscess. It will often heal fistulæ remaining after such abscesses. The sixth dilution, two drops in six ounces of water, six to eight teaspoonfuls in twenty-four hours.

Phytolacca.—Dr. Hale has called attention to the value of this drug in inflammatory engorgements of the breasts. It is also useful after suppuration and the formation of fistulæ. The tincture, three drops in six ounces of water, four teaspoonfuls a day.

Hepar sulphur and silica are of service in chronic cases.

One will also obtain good results by applying three successive layers of collodion upon the affected area, overlapping it on to the surrounding skin. Operative measures are not immediately necessary. As soon as the abscesses begin to point, they may be punctured (Lannelongue).

Tumors of the breasts are divided into benign and malignant.

The treatment of the former is essentially surgical. Medicinal measures are generally ineffective. Conium mac. and murex purpurea may be useful to control the pain.

Conium.—This drug is indicated in indurated growths with intense pain, increased upon touch, and which is lancinating during the night. Pruritus is another confirming symptom. If the tumor be scrofulous, a complete cure may be hoped from this remedy.

Murex Purpurea.—This drug has frequently rendered him service in quieting the pains of mammary tumors or in controlling mammary pains not accompanying a growth. The pains are characteristically increased during the menses.

Cancer of the Breast.—The treatment of this condition is nearly wholly surgical except in extremely chronic cases, in old women, where the disease may remain apparently stationary for a number of years. Arsenic, conium and hydrastis have each been praised in this disease. Conium will only cure scrofulous growths. Arsenic is absolutely powerless. Hydrastis has a certain amount of evidence in favor of its curative virtues in mammary cancer. Though several writers have claimed complete cures under its influence, the majority are not so affirmative; yet they all admit its ameliorating influence on the general condition; that is, it restores the digestive functions and increases the strength of the patient. Twenty drops of the tincture in three ounces of glycerine.—*L'Art Medical*, 1895.

THE THERAPEUTIC SPHERE OF FERRUM.—Dr. Greenfield outlines the therapeutic scope of ferrum as follows:

1. In anæmia, where the disease is accompanied by congestive phenomena. The face of these patients is usually as white as wax; the mucous membranes are pale and devoid of blood. The slightest cause, as, for example, a slight excitement or a sudden movement, suffices to drive the blood to the head with such force that the cheeks become red. At the same time the other usual symptoms of the disease are present, as weariness, sleepiness, chilliness, vertigo, spots before the eyes, roaring in the ears, palpitation of the heart, etc.

2. In pains accompanied with congestive states, as headache or prosopalgia, cardialgia, sciatica, rheumatic pains, etc. In these states, usually slowly walking about and cold ameliorates.

3. In hæmorrhages from congestions.

4. In febrile affections. Ferrum is, as is well known, Schuessler's fever remedy, and as such is recognized by Farrington. This latter recommends it in the first stage of fever when the affected organ is hyperæmic, no exudation has set in, and

the pulse is full and soft. (See the "Comparison of Aconite and Ferrum Phosphoricum." February number, 1895.—Eds.)

5. In disturbances of the digestive tract Here the chief symptoms are: lack of appetite, inclination to vomit, vomiting of food, cramp-like pain in the region of the stomach, distension of the abdomen, intestinal colic, diarrhœa or constipation.

The writer then gives, in short, the histories of seven cases of gastric disturbance where ferrum phosphoricum yielded prompt and satisfactory results.—*Leipziger Popularer Zeitschrift Für Homœopathia*, Nos. 5 and 6, 1895.

EXPERIENCES WITH ARSENICUM IODATUM.—Dr. Kroener has presented the results of his experience with this drug during the past year. He has employed it, with success, in one hundred and fifty cases. Its pathogenesis is, unfortunately, incomplete. It gives rise to inflammatory symptoms of the larynx, bronchi, with chronic hoarseness. In the lungs it produces congestion, inflammation and hæmorrhages. He has tried the triturations, but has found them unstable, as the iodine evaporates too readily. Thus, the third trituration (decimal), which, when freshly prepared, has a clear yellow color, will completely bleach out in fifteen days. Tablets hold their strength longer, yet he would recommend a solution in alcohol or ether. He prepares one corresponding to the second decimal dilution with absolute alcohol, to which a little ether has been added. This has a brownish-yellow appearance, and remains stable for quite a long time. He has employed it to hasten absorption of exudates, citing numerous cases of exudative pleurisy, fibrinous and catarrhal pneumonia, as well as of tuberculous peritonitis, where excellent results were obtained. In incipient phthisis, as well as in advanced stages, he has found it to answer well. In asthma he speaks highly of it.—*Zeitschrift des Berliner Vereines Homœopathischer Aerzte*, No. 2, 1895.

CUPRUM IN VIOLENT HICCUGH AND VOMITING.—Dr. Loosvelt observed a hotel-keeper who, after an attack of apoplexy, was troubled with paresis and frequent vomiting. Bell., ipec. and acon. ameliorated somewhat, but on the third day he began to suffer from continuous hiccough and vomiting upon drinking the least liquid. Nux. vom. was powerless to relieve. Cuprum sulph. 3c. was followed by immediate relief, and two days after both the hiccough and vomiting had wholly vanished. A diplopia without strabismus, the last symptom of the apoplectic attack, yielded to cicuta 3x. in twenty-four hours.—*Journal Belge d'Homœopathie*, No. 1, vol. ii.

CUPRUM IN OCULAR NEURALGIA.—Dr. Loosvelt reports the case of a pauper who was subject to frequent attacks of severe neuralgic pain in the right eye, with lachrymation and extension of the pain into the supra- and sub-orbital regions. Bell., acon. and a number of other remedies were given without success. Several teeth were extracted. Being an inmate of a public institution, his cries were so severe as to disturb the sleep of his neighbors. Neither morphine, section of the dental nor suborbital nerves gave him any relief. Cuprum sulph. 3x produced considerable amelioration, and cuprum metallicum 30c, later, brought about a radical cure.—*Ibidem*.

ARGENTUM NITR'ICUM VERIFICATIONS.—Dr. Dahlke has confirmed the following states in his recent practice as characteristic of argenticum nitricum:

Left-sided affections of various kinds.

Migraine, boring pain in the left frontal eminence, which radiates from there; amelioration by binding something firmly around the head. Violent pain, which improves somewhat after vomiting. Great vertigo, sensation as if the head had grown larger. The attacks appear at night. In one case which was cured there was also, for the last three years, a pain in the lower ribs of the left side about in the mammary line, which, together with the headache, disappeared.

Angina pectoris of extreme violence, with violent radiating pains, which were aggravated at night; not infrequently an accompaniment of an organic spinal disease.

Painful affections of the left ovary of different varieties; the sensation of enlargement of the left ovary is not always necessary.

Pains with left-sided floating kidney.

The nervous symptoms of argentum are prone to be associated with vertigo (cuprum), the abdominal symptoms with extreme distension.—*Zeitschrift des Vereines Berliner Homœopathischer Aerzte*, Bd. xiv., Hft. 1.

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DEGENERATION AND REGENERATION.

BY SELDEN H. TALCOTT, A.M., M.D., PH.D., MIDDLETOWN, N. Y.

(Read before the American Institute of Homœopathy, Newport. R. I., June, 1895.)

THE degeneration of the human race commenced with the primal pair, and was a result of physical, mental, moral and spiritual indigestion. This complex and compound dyspepsia was caused by an over-greedy inception of forbidden fruit.

From the days of our first parents down to the present time, there have been developed in all races and nations of men every conceivable form and grade of mental, physical, and spiritual degeneration.

Among the physical types of pathological retrogression within the human temple, we note, especially, cretinism, rachitis, epilepsy, consumption, cancer, syphilis, and something else which has been styled "scrofula."

Among the types of mental degeneration, we note idiocy, and imbecility, and the various dementias which follow in the wake of acute insanities, or which result from the various forms of human excess, such as gluttony, salacity, and alcoholism.

In physical degeneration we note the poisonous effects of hereditary taint; and likewise conditions in which the children

of fate drift by tendency, by impulse, and by adverse and unconquerable force toward those passionai and emotional obliquities which result in disintegration or death.

Physical degeneration is a result of imperfect nutrition, or mal-assimilation, and of hypertrophic or atrophic metamorphoses, which always occur when the functions of the *corpus humana* are performed in a fashion that is inharmonious with the requirements of physiological perfection.

Mental degeneration depends largely upon physical degeneration. Diseases of the body which produce a lowering of its natural forces, or a divergence from its normal functions, tend to disturbed, distorted, and diseased states of the mind.

The conditions of the body which increase the activities of the blood currents, quite naturally stir and stimulate to extra action the working powers of the mind.

Every thoughtful observer must, therefore, conclude that "*mens sana in corpore sano*" is not only an ancient, but an oft-verified axiom in human experience.

But how shall this sound body be acquired and preserved, in order that the sound mind may be its normal and constant life companion?

As we glance over the history of our unfortunate yet progressive race, we find that sin and sickness, and riotous physical and mental diseases are the positive and inevitable heritage of those who sprang from a pair created without sin; a pair that was surrounded with every possible comfort and blessing for the growth and perpetuation of physical and mental health. And yet, these "only originals" through their stubborn perversity not only brought down curses upon their own heads, but they fermented and distributed the yeast of sin among their own immediate descendants, and likewise throughout all succeeding generations.

Dr. C. H. Hughes has described in a somewhat satirical manner the mental degeneration of the first created pair, and of the first child that was born to that ancient couple.

You all know that when sin entered the world, death became the wages of the great transgression. The physical state of Adam and Eve that led them to old age, and consequent weakness, and final necrosis, has been frequently contemplated; but the mental condition of our first parents and their immediate

offspring has not been very carefully investigated, or thoroughly understood. Here is what Dr. Hughes states:

“Very far back in the annals of time, almost in the beginning thereof, as we learn from sacred story, history gives us record of a woman who was very peculiar in her mind, very peculiar even for a woman. She was possessed of a singular and single serpentine auditory hallucination, which speedily became transformed into a delusion of grandeur and great importance. She heard a serpent speak. The serpent told her that she and her husband should ‘become as gods and live forever’ if they ate of a certain fruit that grew in a certain garden of many fruits. The fruit was not her property. It was on a reservation which neither belonged to her nor her husband, though they had possession of, and free access to, all the other trees of the garden and the fruit thereof. Her husband seemed satisfied with the conditions of possession and got along very well with the fruit of the other trees, but the woman was seized with a sudden kleptomania, and yielding to the morbid impulse and the auditory hallucinations, she stole the fruit which was not hers, and which she had been forbidden to eat, and did eat of it. She liked the taste of it, found it good, and persuaded her husband to eat likewise. Delusions of grandeur seized her, and a delirium of ambition manifested itself in the way her lovely and persuasive feminine descendants have ever done since, in a desire for dress, and her first dress was an apron of fig leaves. Her husband did not seem to care a fig for such clothing, but she made a similar dress for him, and she through insanity and he through his imbecility (her hypnotic influence) went about in their new aprons, fancying themselves sufficiently clothed. In fact, it appears that all the time before this event, neither seemed to realise that they had no clothes on. They were a pair o’noiacs. They knew each other, but not neurology.

“And she conceived and bare a son, whom she called Cain, and said, ‘I have gotten a man from the Lord’—another delusion. She was likewise a kleptomaniac and the victim of an arbor vitæ delusion, because she stole fruit from the tree of life for which she had no use, and which was positively hurtful to her, under the delusion that it would be good for her, if she ate it, and give her everlasting life.

“ ‘And she again bare him a son.’ The one was ‘a keeper of sheep,’ and the other was ‘a tiller of the ground.’ The latter was named Cain and the other Abel.

“The father of these boys was a victim of melancholia, eating his bread ‘in sorrow all the days of his life,’ and the mother was likewise a melancholiac, her ‘sorrow being greatly multiplied.’

“ ‘In process of time it came to pass’ that one of these sons, Cain, ‘brought of the fruit of the ground an offering unto the Lord,’ and the other, Abel, ‘brought of the firstlings of his flock and of the fat thereof.’ And the Lord had respect unto Abel and his offerings, but unto Cain and his offerings he had no respect.

“You see Cain’s *ergo* was delusionally exalted. He thought a very little gift from him was a great recognition of the Lord, and would go a long way in His sight, but the Lord did not see it in that light. ‘And Cain was very wroth, and his countenance fell,’ and Cain forthwith developed paranoiacal delusions of suspicion and persecution towards Abel, and under the baneful influence of adverse environment and the tyranny of an inherently bad organization, which he had inherited from his unfortunate neuropathic parents, these paranoiacal delusions developed into a resistless impulsion to destroy the object of his suspicion. ‘And Cain talked with Abel, his brother. And it came to pass, when they were in the field, that Cain rose up against his brother and slew him.’

“Though Abel was Cain’s victim, poor Cain was likewise the victim of latent inherent psycho-neuropathic degeneracy, brought about by his lonely isolated life, he being a tiller of the soil and by himself, having not even sheep for company, as Abel had, with a possible malarial factor superadded, for he tilled a virgin soil in which malaria probably abounded.”

The people who sprang from this original paranoiac and melancholic pair, quite naturally, became depraved and degenerate; and some of them fell into the devil-fish clutches of insanity. This was their hereditary tendency.

Impelled by such overpowering propulsions, the whole race became more and more degenerate, until the Almighty concluded to purify the earth by purging it of all human life. The water-cure treatment was successful in every case, except

that of Noah and his family. These were saved from the general wreckage.

Now, while Noah was probably the best man who could be picked out of the decayed and degenerate mass of mankind, he was far from being perfect; or, if perfect at the beginning of his voyage, the effects of sea life were such that when he landed upon Mount Ararat he was afflicted with a terrible thirst, just as all sailors have been from his day to ours.

He planted a vineyard, raised grapes, manufactured wine, drank the wine and got drunk; and since then, all along the ages, inebriety has been the natural heritage of man, especially the sailor man.

As you all know, drunkenness is one of the serious causes of degeneration in the physical and mental structures of humanity. Unless better and more effective means for regeneration are discovered and applied, it will take at least one more deluge to wipe out the degeneracy of the race; and, instead of saving one living sample, it would seem better to destroy everybody, and manufacture a new pair, freed from the impulses of paranoia, and melancholia, and alcoholism.

Mourning over the trials and tribulations of existence, was characteristic of the "lives of great men" throughout the olden times. Job was a mighty example of mourning. He suffered from a suppurative solution of continuity in the sub-cellular tissues, oftentimes duplicated; and this condition of his body produced a state of hypochondriacal melancholia in his mind. A few boils made him wish that he had never been born; and such was the natural gloom of his disposition, that he could not fully appreciate the brilliant sparkle of the carbuncle.

Jeremiah was another "calamity howler," and his "lamentations" have been the classical model for the expression of disgruntled thoughts by pessimists and populists, and anarchists and socialists, for many centuries in the past; and the diction of Jeremiah is a style which reformers imitate even at the present time.

Max Nordau has recently presented to the world an interesting and novel work entitled *Degeneration*. It is a work consisting of five books. One book he heads, "*Fin de Siècle*," another, "Mysticism," another, "Egomania," another, "Realism," another, "The Twentieth Century."

In these books he pictures the lives and experiences of those who are excessive in their views, and their imaginations. He describes the meteors, the comets, and the falling stars that scoot through the firmament of a degenerate humanity in erratic and eccentric courses.

We recognize in his work the imbecile dude of the "Cholly" order—the æsthetic dreamer and the vile liver of the Oscar Wilde school, the vague and yearning novel reader who worships at the shrine of Ibsen, or Tolstoi, or Zola; the platonic and sighing musician of the Richard Wagner cult, and the maniac of the egotistic variety who sees the whole world when he looks into the shallow pool of his own existence, and who never tries to look out and see something beyond his marvelously inimitable self.

Attenuated longings of the soul for the impossible or the unattainable lead to the neglect of correct physical culture and the abandonment of lofty and ennobling psychical development.

Nowhere is human degeneration more apparent than among the drivelling day-dreamers of life and the willowy panderers of æsthetic novelties or the namby-pamby fools who have been allowed their own way in compliance with a sentiment which leads to unwise laxity of discipline.

Parents should be kind and gentle and generous, yet just and strict with their offspring. To allow an untrained child to have his own way is to foster degeneration by allowing wilful perversity and ignorance to rule the scions of coming citizenship.

If parents feel that they do not know enough to govern their children, but that they should allow the children to govern themselves, then they should refrain from the sacred responsibilities of parentage. Those who assume these responsibilities should rely upon the ancient and famous, long-tried and successful discipline of Solomon. It has been truly said that if you "spare the rod, you spoil the child," and certainly the rod should be used whenever it is necessary, but it should always be held by the hand of prudence and directed by the brain of wisdom.

By the proper use of the rod the subcutaneous capillary circulation is vastly improved, and the mind of the dreamer is

diverted from things in the clouds to things which are "of the earth, earthy."

Practical common-sense may thus be injected into the system of the æsthetic imbecile, and thus the progress of degeneration may be checked or its effects antidoted.

In helping the race across the chasm which lies between degeneration and regeneration, we must build a cantilever bridge of purpose, and impulse, and struggle, and recognition of the laws which govern and control human progress in every avenue of life.

Over this bridge must be marched the stalwart forces of regeneration—forces from which the victims of degeneration have been weeded out, even as the forces of the Israelites were relieved of grumblers and complainers and skeptics by a forty years' march through the wilderness.

Only those who are filled with new blood, and inspired by new faith, new hope, new courage and new enthusiasm, which impels them to attain the highest possible acme of existence, should be permitted to enter the new paradise of the new regeneration.

The teachings which will eventually lead to a regeneration of the race are embodied in the old Ten Commandments (which must be correctly interpreted by the latest light in science) and the old, old story of the Golden Rule.

Diversions from these tenets, or misrepresentations of the same, or over-use or undue repression of the powers of men, or unwise violation of the commands of a just Jehovah, are the exciting causes of degeneration. Hence, to work the miracle of regeneration there must be a new interpretation of the old laws and a new application of the forces and philosophies which govern, control and compel symmetrical development of the loftiest powers.

The interpretations of the past have often been imperfect and unproductive of good. Therefore, broader and yet more discriminating interpretations of the will and the purposes of the Almighty must be disclosed and utilized.

In the past, and even in the present, men have talked bravely about avoiding a violation of some of the Commandments, while they have ruthlessly and recklessly violated others without the restraint of even a temporary compunction of conscience.

"Thou shalt not bear false witness against thy neighbor" is a commandment that is almost universally violated. Its violation is excused under the plea of warrantable criticism of another's acts.

It is probable that the violation of the Ninth Commandment is the cause of more bickerings, and quarrelings, and heart-burnings, and sorrows, and chilling shocks upon the heart, and general damage that leads to degeneration in many ways, than a violation of all the rest of the Decalogue combined.

In fact, when you violate the Ninth Commandment, you violate most of the others; for in the violation of the Ninth you dishonor the name and purposes of Jehovah; you dishonor your parents; you covet that which is your neighbor's; you kill his reputation, and you steal from him that which is dearer than life.

"Who steals my purse, steals trash; 'tis something, nothing;
'Twas mine, 'tis his, and has been slave to thousands;
But he that filches from me my good name,
Robs me of that which not enriches him,
And makes me poor indeed."

When you disobey the Ninth Commandment, you violate every solemn compact with mankind, and despoil yourself of every principle of honor. Therefore, if you would attain the highest benefits of a thorough regeneration, you must not only refrain from robbing your neighbor's hen-roost, or shooting down your neighbor from the ambush of a thicket, but you must refrain from lying about him when his back is turned, and you lie most effectually, sometimes, when you say nothing, but only shrug your shoulders when the name of a rival is pronounced in your presence. In bearing false witness against your neighbor, you form an illegitimate alliance with scorpion slander, and commit adultery against your own soul. Therefore, a lie hurts the liar vastly more than it hurts him who is lied about. In the long run, the man who bears false witness is the man who reaps the thistle buds of shame and sinks into utter degeneracy.

From a physical standpoint, Dr. Hrdlicka, my interne, has formulated under my direction, in brief, the philosophy of regeneration, which I herewith present:

Regeneration is an organic restitution.

An organism is a reactive molecular aggregation kept in existence or alive by the resultant of all the forces of the molecules involved.

The exact mass of molecules necessary to a perfect existence or life of a given individual at a given instant, is its organic entity.

Every organism is reactive; it occupies a certain part of the universe, which is a field of influence, and consequently every organism is active. Activity is a transchange of force; hence, an organism, to be active, must have a supply of energy. Organism is not qualified to use free energy; the only power it can utilize for its activity is the stored-up or potential power latent in highly complex, easily decomposable molecules; such molecules have to be stored-up, in most accessible places, in the organism, and they form a supplement to its entity. Both together, the organic entity and the stored molecules of energy constitute the *body* of the individual.

The molecular stores of an organism are being continually used up; that the organism may continue capable of reaction required, there must be a more or less continuous *restoration* of the supplies. *Regeneration* conditions a loss of some portion of the entity of an organism.

All loss in an impressible body like organism is a form of stimulation, and its point becomes a point to which the energies of equilibrium of the organism are directed.

An organism is a passive result of conditions, that is, one of the effects of the reactions of universal law, power, and matter. One of its fundamental qualities is growth of its entity. Growth is continuous and general; never is there any part of organism that would not grow (even during a decline there is a growth, only overwhelmed by the disintegration). Growth consists of two main processes: The supply of necessary constituents or molecules, and their organization. Both these go on in each organism with regularity, and with an extent proportionate to the use, and constitute its progressive equilibrium. Their interruption in any smaller part of the organism is followed, as stated, by stimulation, which produces direction of energies towards the part affected, and consequent greater supply of molecules and increase of organizing propensity, which both are, to certain extent, in proportion to the stimulation.

The act of regeneration itself is nothing but a phase of normal cellular action, proportionate to the impulse.

Deductions :

Restitution of organic substance is conditioned by the following :

1. The qualities of stimulus ;
2. The facility of its transmission ;
3. The supply of needed molecules ;
4. The powers of organization ;
5. Freedom of the processes.

Particularized somewhat more and applied to man, these deductions will read as follows :

Regeneration of human structure is proportionate to the following :

1. The quality of the wound or loss ; the tissues affected ; over-stimulation (shock), as long as its effects persist, is opposed to regeneration ;

2. The perfection of innervation ;

3. The supply of food ; the states of the processes of assimilation and elimination ;

4. To simplicity of tissues ; their youth ; the reconvertibility into formative (primitive) tissues ; their general health and vigor ;

5. Absence of hindering conditions, internal and external.

Very much has been written and said about the degeneration of man. Comparatively little has been formulated and presented upon the topic of regeneration outside of the pulpit. The teachings of the ministry, so far as they inculcate moral truths in the minds of the young, are beneficial ; but, in order to produce a satisfactory and successful regeneration of the race of man, we must have :

1. A proper and thorough development of the physical forces.

2. A full and complete growth of the moral forces in the garden of the heart.

3. A recognition of the value of religious forces that shall bind back and hold in check all undue exuberance of the emotions, and passions, and lusts of the flesh.

And, just here, we may consider the balancing of those subtle forces of passion and impulse in such a way that there shall be no undue waste of acquired strength, nor undue repression

of those God-given powers which were made to be used in the courses and developments of nature. Use, without abuse, of all the good things of life, is to be the watchword and the slogan of the coming man and the coming woman. They shall, indeed, be gifted with a cognizance of the functions and duties of life according to the highest and best development.

Regeneration will come only through the combined efforts of religion and science. Science is knowing the truth about religion as well as about material facts. Imperfect science cannot honestly decry religion simply because it does not understand it. Some people think science refers only to that which can be felt, seen or measured. That reduces science to a very small part of the universe, and destroys the logic of sequence. Such a view of science shuts off from man the other side of every star!

The play of spiritual light upon the powers of man will be more luminous and more pervasive in the future than in the past. Physical development, alone, simply makes a splendid animal of man. It is only by illuminating the human being with spiritual light that we shall have helpful moral growth, inspired activity of purpose, and steadfast security in the plans and purposes of the everlasting principles of right.

Regeneration must be, we believe, of a lofty and spiritual nature; not according to any arbitrary creed, but in compliance with that breadth of culture, and that freedom from religious cant which are to become inherent parts of the inevitable logic and philosophy of life.

I will now quote a few words from a former essay of mine, "The Insane Diathesis:—"

"Are there means for avoiding the development and growth of human degeneration? Are there means for the cure or relief of transmitted or acquired physical or mental defects? Here are questions which previous generations have left unanswered; questions which the country in which we live, the mightiest in achievement the world has ever known, has thus far failed to satisfactorily solve. Yet the solution of such problems is not difficult. The only cause of failure to solve, thus far, lies in the facts of misapprehension, inattention and neglect.

"To avoid the evils liable to arise from the propagation of degeneration, the parties to the crime must pause, and study the

new philosophy of life, a philosophy which shall guide them to the accomplishment of noble results, rather than those which are ignoble and demoralizing to humanity. The avoidance of debasing passions; the putting away of that cup whose contents are adder's juices; the shunning of all unnecessary anxieties and carking cares of life; and in their stead, the patient cultivation of all higher virtues and better tempers will insure an offspring that will not only bless their ancestry, but will fill the earth with happiness and health, and unruffled contentment of mind and spirit.

“‘Like begets like’ (though with increasing or decreasing intensity), not only in physical contour, but in mental symmetry, or mental idiosyncrasy; and not only are the general thoughts and emotions of the parents impressed upon posterity, but even the flitting passions of a moment may cast a cloud of darkness over an entire life, just as the silvered sheet of the photographer receives a fadeless impression from a transient ray of sunlight. The mind of the unborn, like the slip that revolves in the phonograph, may receive impresses of happy or unholy thoughts, and reproduce them with faithful accuracy in the years to come; aye! even when the brain of the mother is but dust, and her heart no longer responds to any emotion, and her guiding hand is palsied in the chilling grasp of death. To that holy of holies, then, the sacred temple of procreation, there should be brought only such offerings as are certain to prove acceptable to the Lord of Nature.

“When once the human being has appeared upon the carpet of life, then the practical work of nourishment, development and training of a physical body, and an immortal mind has fairly begun. The great end should be to remedy, as far as possible, all inherent defects, and to promote the growth of all possible virtues and powers. The children should be watched over, and guarded and guided with the same jealous care that was (or ought to have been) exercised toward the mother during the sacred semester of pregnancy. The youth should be trained after the fashion of the Persians, who taught their sons to ride magnificently on horseback, to shoot with accuracy, and to always speak the truth; and when these accomplishments were acquired, they left them to pursue their mental work in the manner most suited to their individual tastes. Even the un-

gainly in body, and the disordered and distorted in mind, would develop approximate symmetry and usefulness if subjected to such methods with patience and perseverance. Even in the worst types of mental disease there are some salient and bright spots upon which good influences may act, and to which may be applied valuable curative agents.

“There is some soul of goodness in things evil,
Would men observingly distil it out.”

“Bright surroundings, pleasant associations, stimulating encouragements, abundant food of the best quality, air, exercise and sunlight, together with simple direction, not forcing of the mental faculties, will, in the course of patient time, produce from even poor stock, such a robust and cultured race as to be the astonishment of those who furnish and mould the material.

“And to crown all, we may, I think, be permitted to state that Homœopathy, from her fruitful mines, has already dug out those motor medicines which are not only of assistance in the cure of disease, but which may, if properly applied, act as mighty stimuli in the growth and perfection of the human body, and as a consequence the clearer and stronger action of the human mind. Such remedies as *calcarea carbonica* and *hepar sulph.*, and *graphites*, and *phosphorus*, and *sepia*, and *silicia*, and *sulphur*, and *nux vomica*, and *lachesis*, and *causticum* and *arsenicum*, and *mercurius* and *petroleum*, have here a field for action surpassing those in which they have heretofore exercised a commanding and potent influence. The ‘tissue remedies,’ so called, are, we believe, especially destined to win triumphs in this new arena which shall transcend all the glories of medical achievement in the past. God hasten the day when we may learn how to wield these mighty weapons against fateful heredity and acquired degeneracy aright.”

In considering what may be done for the relief of degeneracy, witness the achievements of Dr. Gallavardin, of Lyons, France.

In conclusion, let me state that in order to succeed beyond the peradventure of a doubt, in the training of a race of sound, sensible and symmetrical regenerates, we should commence the work of purification and growth in the great grandfather of the child. It will take at least one hundred years to accom-

plish the purpose suggested in this connection. The work invites the attention of every thoughtful man, whether he is cursed with the hypertrophied seeds of degeneracy, or whether he is favored with long and continued courses of pure and healthful blood. The conflict of the coming age is a conflict between the forces of reckless degeneration on the one hand, and the marshalled hosts of a new and regenerate life on the other. To every philosopher and worker in the cause of a higher humanity, we may say: "Come out from among them, and be ye separate."

DOES OUR SYMPTOMATOLOGY FURNISH THE BEST METHOD OF FINDING THE SIMILIMUM?

BY A. W. WOODWARD, M.D., CHICAGO.

(Read before the American Institute of Homœopathy, Newport, R. I., June, 1895.)

If this question had been put to Hahnemann and his immediate followers, they would have scorned to reply. The homœopathist of to-day, equally convinced of the principle involved, withholds his answer; for he realizes more fully the insufficiency of the plan upon which our materia medica is based. He knows that the therapeutic problem at present, is materially different from what it was one hundred years ago; it is not so easy of solution; it opens questions not then dreamed of, which our symptomatology cannot answer.

Before presenting the chief of these, it is desirable to glance at the problem of cure, as understood in the past, to see where Hahnemann and his colleagues were perhaps at fault in their conception of disease. Then in the light of modern developments, we can learn where the indications lie for the choice of a remedy, and what knowledge of drug effects is required to adapt them to the case according to the doctrine "*Similia similibus curantur.*"

Since the time of Hippocrates, physicians, like surgeons, have found their indications for treatment in the complaints of the patient. They are called to relieve the headache, loosen the rheumatic joint, check the diarrhœa, or alleviate the cough,

pain and dyspnoea. The disease has been, and is still, considered chiefly as a local affection. We aim to restore health by measures calculated to relieve the affected part. The surgeon examining an injured arm, first determines whether it is a fracture or a dislocation; he then adapts his methods accordingly. In like manner, the physician makes a diagnosis by means of the physical signs and the special group of symptoms present in the case, and adapts his treatment accordingly. Hence, the special symptoms become the guiding indications for the physician as well as the surgeon, and are the basis not only for diagnosis, but also for treatment.

Hahnemann accepted this view; none other was possible in his day to an intelligent physician. He saw that certain symptoms were characteristic of certain diseases; therefore he believed "that the symptoms constituted the disease," and, if he could find their counterpart in the effects of a particular drug, it would prove to be the curative remedy.

Thus our school of practice was founded upon the idea of treating the complaint and its collateral symptoms, which practice is but little better than that prevalent in other schools, which associates the names of certain remedies with the names of certain diseases or morbid conditions.

While we obtain better results than do the Old School, by modifying our treatment in accordance with the "totality of symptoms," and thereby are wiser than we know, our work is unsatisfactory, and it must continue to be so, until we cease to prescribe for the complaint, and seek to remove the symptoms that represent the cause or causes which have led to the condition present in the case. This statement may seem absurd and impracticable, but it will be found true, and a necessary proceeding if we would establish a scientific therapeutics.

Since Hahnemann's day pathology has made great advances, with which therapeutics and our knowledge of drug effects has not kept pace. Among other items of interest it has been found that the same local irritation may give rise in different persons to a variety of reflex disturbances; and *vice versa* the same reflex symptom, for instance, headache or vertigo, may arise in one person from cerebral congestion; in another from ocular or auditory derangement; while in another it signifies gastric, cardiac or uterine irritation. The same may be said

sometimes of any functional disorder. Many neuralgias, coughs, spasms and insanities have their origin in a remote part, and relief is not obtained until the cause is removed. These are familiar truths. Another of similar but greater significance is this: That excepting the infections there is not a definite disease having a group of symptoms peculiar to itself which does not in different cases arise from different causes, exhibit a different order of development and is not attended by different sympathetic arrangements in each case, while the lesion will be the same in all.

This means that pneumonia, for example, may arise from a chill, from an enlarged liver, from disease of the brain, from metastasis of rheumatism, from renal insufficiency and from blood poisoning or other causes. How can we account for this multiplicity of causes for one affection except by previous constitutional weakness in each case?

It is well known that if an organ has once been diseased, though recovery follows, it remains permanently weakened, and when sickness returns the acquired weakness will be shown by a second attack of the original affection; if not, the new disorder will be attended by concomitant symptoms arising from the organ or function previously diseased. Consequently it has become the custom to learn of the conditions preceding the new complaint.

If we begin to look for the causes which have produced disease in a given case, where will we end our search? Step by step we can trace these causes backward, until we find that, aside from surgical cases, a primary disease is rarely met with except in infancy.

Thus we are led to conclude that from the beginning of life to its close every illness that comes to an individual forms a link in a pathological chain which reaches from the cradle to the grave. This chain is the clinical history of that person, and each link has its own particular influence upon the new disease.

If this be true, this sequence of diseases can be no less than the material expression of hereditary weaknesses.

What is heredity—this ghost of past generations? Of what substance is it, that can give in one hand life, in the other death; in one hand vigor, in the other weakness? We cannot

measure or test it by means known to science. We cannot explain it except as our vital endowment, strong in some parts, but weak in others. We know its quality and potency by our freedom from disease, by the longer or shorter sequence of diseases which it brings upon us.

Every physician believes in heredity. He has daily proofs of its power in a general way. He knows that the clinical history sometimes modifies the course and termination of a new disease; but as its influence has not been traced, except from one organic disease to another, he fails to recognize that every element of the life history is a manifestation of heredity, which governs all the ills of humanity without exception.

Perhaps the most striking illustration of the modifying power of the clinical history may be found in the variety of symptoms which ensue from a common contagion affecting different persons. The following cases of scarlet fever, which were under treatment during the past winter, are in point.

E. A. R., æt. 7. *Clinical history*.—From infancy he had been subject at intervals to gastro-enteric catarrh. When two years old he had capillary bronchitis. Since then he has had an occasional cough, apparently caused by gastric derangement. *Present illness*.—Three months since, he was taken with diarrhœa and occasional vomiting without apparent cause. It was soon attended by a violent cough; but no attention was given to the boy, as he made no complaint. Five days later he became feverish, and his physician was sent for. The objective symptoms at this time were alarming. The boy's hands and feet were cold and livid, while his trunk and head were extremely hot. A livid rash was appearing upon the trunk; his temperature was 105 degrees, pulse 150. He was quite restless and drowsy. With these symptoms there were frequent stools and severe paroxysms of cough. His throat was much swollen, the tonsils livid and swallowing difficult. *Sanguinaria* was given, not for the symptoms present so much as for the antecedent conditions. In the evening his temperature was 102 degrees, pulse 120, hands and feet warm, and entire body covered with a bright scarlet eruption. The diarrhœa was checked; the cough was less frequent. The next morning his temperature was 101 degrees, pulse 110, and he wanted to play. Convalescence began on the fifth day. No sequelæ ensued; desquamation was deep and abundant.

H. B., æt. 12. *Clinical History*.—As an infant he was subject to severe intertrigo and occasional boils. During teething he

had an attack of cholera infantum induced by a chill; this subsided into a chronic diarrhœa, which continued until he had the measles in his third year. After this his health was good until he was six years of age, when he had pneumonia; this left him with nasal catarrh. In his eighth year he came under observation by his present physician, who found him peculiarly sensitive to weather changes; they were apt to chill him and cause either a diarrhœa or an aggravation of his catarrh. *Present illness.*—After a snow storm last winter the doctor was sent for on account of a suspicious eruption and sore throat. The patient had cold extremities; temperature 102° , pulse 120; tonsils red and swollen; an indistinct eruption was beginning to appear on the trunk. The tongue was much coated; there was nausea and constipation. The respiration was rapid, and an occasional cough was heard; he complained more at this time of rheumatoid pains and headache than of his throat. On the second day the pains in his limbs had increased, especially in shoulders and arms, which were sore and painful when moved; the throat symptoms were subsiding. On the third day the rheumatism was fully developed, with sour sweats; temperature 102° ; headache and petulance very marked. As the eruption had disappeared, there seemed no longer any doubt of the diagnosis, and the remedy which had been given for supposed scarlet fever was discontinued. *Sulphur* was then given on account of the clinical history; of skin, enteric and respiratory disorders preceding. In twenty-four hours there was an unmistakable case of scarlet fever, with profuse eruption and a rapid subsidence of the rheumatism. A satisfactory recovery followed.

H. C., æt. 13. *Clinical History.*—He had been a bottle baby, and much troubled with infantile dyspepsia. At two years he had measles, and the following winter pneumonia; after that he was always delicate. He never had a good appetite, and general nutrition was poor. At seven years of age he had brain fever; since then he had been subject to severe headache, and was slow and backward in his studies. *Present illness.*—His physician learned these particulars in December, when called to attend him on account of supposed diphtheria. The patient appeared very sick; a remarkable pallor gave evidence of coming trouble; he had been housed for several days complaining of sore throat, chilliness and cough. A few spots of ulceration appeared on the tonsils, with great difficulty of swallowing; pulse 120, temperature 101° ; heavy, deep cough, headache, drowsiness and debility attended. Second day the ulceration was more extensive, the breath was foul, the cough began to have a croupy sound; there were sanious discharges from the nostrils; drowsiness increased; pulse 130, temperature

102°. Third day ulceration has spread; croupy symptoms have increased; a livid rash is coming to appear over the chest and abdomen; the face has a waxy pallor; there is total insensibility; pulse 140, and very weak; temperature 102°. *Zincum* was then given because of the clinical history of digestive, cutaneous, respiratory and brain diseases. In the evening consciousness was restored; he had been coughing and ejected large quantities of tough mucus with great relief. Twenty-four hours later an unmistakable scarlatina was fully developed; after this the diphtheritic conditions abated rapidly. Desquamation began on the tenth day, and was protracted; convalescence was slow on account of poor appetite.

C. N., æt. 10, was born with a large brain and very sensitive organism. *Clinical History*.—When an infant he was easily terrified by strangers. Sudden notice would almost produce convulsions. When about two years of age he laid unconscious for two days on account of exposure to the heat of the sun. From that time his health remained good. When seven years old he commenced attending school, and advanced rapidly in his studies. Intellectually and physically he was a phenomenon. His only complaint for eight years was from occasional headaches, bad dreams, or insomnia, produced by overstudy. *Present illness*.—One night, after a cold ride, he retired with chilliness, headache and sore throat. In the night his parents wakened, finding him in convulsions. When seen by his physician his face was flushed; temperature 101°, pulse 96. During intervals of consciousness he complained of intense headache, and crying out, would endeavor to get out of bed. His movements were sudden and violent. Any attempt to swallow was intensely painful. He made no complaint of stomach or bowels, and the urine was natural. The next morning the headache and nervous symptoms were much the same. Temperature 103°, pulse 110. He had called for a drink occasionally, and had two bowel movements during the night. A slight rash was beginning to appear. Under the use of *belladonna*, which was given on account of his clinical history, improvement was soon manifested. The diarrhœa was first checked, then his temperature began to abate. Later the nervous system and brain was quieted. As the fever abated, the eruption began to develop, but not fully until the brain was relieved. On the fifth day he was practically convalescent. Little desquamation ensued, and no renal symptoms at any time worthy of mention.

Other cases might be given where dropsy and nephritis occurred. In each instance there was a history of previous weakness of the urinary organs or evidence of inheritance. In

one of obstinate character, with almost paralytic disability, there was hereditary syphilis. These cases, however, suffice to illustrate the argument.

Proceeding to the analysis of these cases, they were alike in four respects, viz.: in having the same proximate cause; in having a sore throat, an eruption and a fever—the essential group of symptoms characteristic of the disease—hence the diagnosis was correct. In all other particulars they differed as completely as if they had been different affections.

The therapeutic problem here presented was one of extreme difficulty and is one that confronts every physician in the treatment of this or any acute disease, namely; to recognize the relative importance of the various symptoms in the case, as compared one with another. In each of these the symptoms differed very much both in their importance and violence; the most violent sometimes being least important, and *vice versa*. Putting this proposition in another way, the various symptoms of the same case were not of like value as indications of treatment.

If this is true in general, it explains why our symptomatology and our repertories so often fail us. Hahnemann did not recognize any difference in the value of symptoms, and his scheme does not permit of any distinction being made between one and another.

Referring to the first case cured by *sanguinaria*, the most violent symptoms were: First, those of the skin, shown by coldness and livid color; second, of the heart and lungs, shown by high pulse, temperature and cough; third, of the digestive organs, shown by vomiting and diarrhœa, while the mental and nervous symptoms were evidently subordinate.

In the second case, cured by *sulphur*, the most severe symptoms were: First, in the joints, shown by rheumatic pains; second, in the brain, shown by headache and petulancy; third, in the digestive organs, shown by sore throat, nausea, etc., while the fever and skin phenomena appeared of minor consequence.

In the third case, cured by *zincum*, the most alarming symptoms were: First, of the brain, shown by insensibility; second, in the throat, shown by ulceration; third, in the lungs and heart, manifested by croupy conditions and weak pulse, while the cutaneous phenomena seemed less urgent.

In the fourth case, cured by *belladonna*, the symptoms of the brain and nervous system seemed most important, with those of the throat next in point of severity, while the skin phenomena appeared to be of least importance.

Assuming these to have been, respectively, the rational indications for treatment in each case, and that they had been accepted as guides in the selection of remedies—as they would have been by ninety-nine of a hundred physicians—the results would have been disappointing; for these indications were untrue. The severity of the symptoms did not correctly indicate the constitutional conditions. Hence, we are forced to fall back on Hahnemann's method of treating them as of equal value, unless means can be found for distinguishing them in this respect.

To treat the symptoms of a case as of equal value is to obliterate the individuality of the case. Even the neophyte would consider such practice unreasonable. Unquestionably there is a difference in the value of symptoms as guides to treatment, and we can learn their relative importance if we follow the path by which Nature develops the disease.

In the *sanguinaria* case the clinical history shows primary disorder of the digestive organs, followed by respiratory disease. The prodromes of the scarlet fever were of like character; hence, these were the most important symptoms in the case, governing even the cutaneous.

In the *sulphur* case the clinical history gave: Disease of the skin, followed by digestive, and then by respiratory and circulatory, disorders. The prodromes of the new disease developed in the same parts and in the same order; hence, the symptoms were important in the same relative degree.

In the *zincum* case the clinical history showed, primarily, digestive, followed by cutaneous, then by respiratory, and, finally, brain affections. The new disease began in like order of development, and the symptoms of these parts were of like importance throughout the case.

The *belladonna* case showed at birth cutaneous hyperæsthesia. This was followed by brain and nervous affections. The new disease began in like order, with chills and headache; hence the symptoms of the skin were of more importance than those of the nervous system.

What, then, was the object of treatment? Was it the scarlet fever? If the disease had been pneumonia, rheumatism, enteritis, or any non-specific affection, the indications for treatment would have been in all respects the same.

The object was not the disease, but the constitutional disturbances attendant upon it. Those disturbances were a reproduction of the clinical history of that patient, shown by functional derangement of the organs which had been previously diseased, now roused by the exciting cause of the new affection.

Hence, if we abandon the disease as the object of treatment, and seek to remove the causes predisposing to it, we must make the group of concomitant symptoms the chief object, and as each of them, in the order of their development, represented a distinct cause, they were, in a corresponding degree, of more importance than the symptoms of the new affection.

If this reasoning is correct, it follows that as the clinical history is the basis upon which every disease is grafted in each individual, the remedy which corresponds in its sequence to the clinical history of the patient becomes the constitutional remedy for that person, and, as a rule, whatever disease may ensue, it will be specific in his case.

Having caught a glimpse of a method by which the clinical history of a patient might govern the evolution of disease, several questions arise. Can an orderly sequence of drug effects be obtained by experiment upon the healthy subject? Can the same sequence be obtained from each remedy by a number of persons? Can it be made available under the rule of similars in the treatment of disease?

In answer to these several questions, you are referred to the report of the Committee on Drug Proving, made to this Institute, at Washington, in June, 1892, and published in proceedings of that meeting, also in the *HAHNEMANNIAN MONTHLY* for August of the same year.

CARDIAC MURMURS.—Professor Potain, in an article on inorganic heart murmurs, sets forth the following conclusions:

1. A continuous cardiac murmur of unaltered force is probably organic, and is to be regarded as such unless proved to be the contrary.

2. A murmur which appears and disappears, without any discoverable cause, or from an unimportant cause, is to be held inorganic, if tricuspid insufficiency or mitral stenosis be absent, for this may occur in these two diseases.

3. All murmurs that disappear completely, or are decidedly modified by a change in the patient's position, are inorganic.—*Hospitals Tidende*, No. 30, 1894.

A STUDY OF THE GENIUS OF DRUGS, WITH ILLUSTRATIONS.

BY AUGUSTUS KORNDORFER, M.D., PHILADELPHIA.

(An Address delivered in the Hahnemann Club course of Lectures.)

IN speaking upon that almost inexhaustible theme "Our *Materia Medica*," it is not with the intent of presenting anything new or novel, but rather to so picture the old truth given us by Hahnemann, that its comprehension will be rendered less difficult to the student of Homœopathy. Every feature, yea, I might say every line, of the *Materia Medica Pura* of Hahnemann, needs but to be understood to be appreciated, and needs but to be appreciated intelligently to make one its ardent advocate—ever ready to defend it against the misrepresentations, perversions, misconstructions and satires of its enemies, and prompt to resist those vandal efforts which would seek to mar the life-work of one who wrought solely for the good of his fellow-man.

It must be remembered that the *materia medica* of the dominant school, during the latter part of the eighteenth century was but a compilation of imperfectly, yea, often erroneously, observed, and empirically arranged, drug effects; derived mainly from cases of poisoning by compounds, or, from the crudest experiments made upon the lower animals. To these, only too frequently, were added such imaginary powers as the fertile brain of editor or essayist might evolve. So unworthy of acceptance were these recorded effects, that Withering, in the preface to his work on botany, published in 1776, says: "Many people will be surprised to find so little said on the medicinal virtues of plants; but those who are best enabled to judge of this matter will perhaps think that the greater part of that little might have been omitted." After showing how unreliable the observations of the past really were, he concluded as follows: "In this situation of things, little advantage can be reaped from the experience of former times; we shall sooner attain the end proposed, if we take up the subject as altogether new, and rejecting the fables of the ancient herbalists, build upon the basis of accurate and well-conceived experiments."

This, truly, is sufficient warranty for the assertion that the time was ripe for developmental work. Hahnemann, but few years later, recognizing and keenly appreciating this discredit to the medical profession, instituted and systematized an hitherto almost untried method for the investigation of drug effects, namely, drug provings upon the healthy human body.

Like with every great advance in science, scintillations of the truth had been observed as features of passing note, but, until Hahnemann saw and revealed the truth, the medical world, in matters pertaining to *curative* medicine, remained shrouded in a darkness black as Egyptian gloom.

To Hahnemann, and to him alone, belongs the lasting honor of establishing the therapeutic relationship between the symptoms produced by drug action upon the human body and those resulting from natural diseases. He first demonstrated the philosophical relationship between these two series of phenomena; and, from this relationship, deduced nature's therapeutic law.

A devout believer in the Divine wisdom and love, he felt assured that, in medicine, as in every sphere of nature, law must reign supreme. Though subtle as the thread of an Ariadne, he felt persuaded that the labyrinthian maze of curative medicine must contain some guiding principle for the benefit of man.

Investigation developed, and observation confirmed the fact, that every medicinal substance is endowed with power to produce in every human being certain well-defined specific effects. The minor differences observed, in the effects of any given drug upon the different provers, being dependent upon personal susceptibility, idiosyncrasy, and capacity for resistance on the part of the individual.

Ere long, Hahnemann was able to announce with assurance, that, "Every real medicine will, at all times and under all circumstances, act upon every living individual, and develop symptoms peculiar to itself (clearly manifest to the senses, when the dose has been large enough), so that every human organism is always and positively (unconditionally), affected by the medicinal disease."

By comparison of the therapeutical effects of drugs when applied antipathically, heteropathically, and homœopathically, he was further able to demonstrate the fact that the only per-

manent curative effects were resultant upon the action of drugs holding the homœopathic relationship. This observation led to many experiments which proved confirmatory. These facts once established, Hahnemann, with indefatigable zeal and energy, devoted his time and talents to the development of a correct knowledge of drug action. So steadfast was he in this purpose, that, from the time when he published his *Essay on a New Principle for Ascertaining the Curative Powers of Drugs*, in 1796, until the completion of the last edition of his crowning work, *The Chronic Diseases*, in 1839, he personally introduced nearly one hundred drugs, many of which were quite exhaustively proven.

Judging by the criticisms of many of the lesser lights, we might be led to suppose that his efforts had resulted in little save a mass of incongruities, uncertainties and errors, and that naught save reprovings could remove such incongruities, overcome the uncertainties and correct the errors.

In the thirty years personally devoted to the study and investigation of Hahnemann's *Materia Medica*, I must, however, confess my utter inability to detect the grave faults thus so blatantly charged, though I freely admit that in my early years I sometimes imagined that such really did exist. Truly, the rush-light finds fault with the light of the sun!

Thanks to Father Hering, I learned to know better, and to-day feel it truly an honor to be permitted to add my testimony confirmatory of the value and accuracy of Hahnemann's *Materia Medica*.

It has been asserted that the *Materia Medica* is surcharged with symptoms of trifling importance. Let us listen to Hahnemann's words in reference to this very manifest fact. In § 153 of the *Organon* he writes: "We ought to be particularly and almost exclusively attentive to the symptoms that are striking, singular, extraordinary and peculiar (characteristic); for it is to these latter that similar symptoms from among those created by the medicine ought to correspond, in order to constitute it the remedy most suitable in the cure. On the other hand, the more vague and general symptoms, such as loss of appetite, headache, lassitude, disturbed sleep, uncomfortableness, etc., merit little attention, because almost all diseases and medicines produce something of such general nature."

Thus we find that the existence of such unimportant symptoms was early recognized; but the fact was also recognized that they ought as little be removed from the recorded provings as should the finer, even though less important, lines of an artistic steel-engraved portrait. They are necessary to the perfection of the picture, if not to the accuracy of the likeness.

Applying this thought to the study of any given drug, you will, after reading its pathogenesis, be astonished to find how the apparently unimportant symptoms will often give character to some specific feature of a remedy; for instance, the relief from continued, even vigorous, motion, in *rhux tox.*, compared with the relief from slow motion in *pulsatilla*; the obtrusive tearfulness of the *pulsatilla*, over against the seclusive tearfulness of the *ignatia*. Thus we might give numberless instances.

The real *genius* of a remedy will find expression in comparatively few symptoms, but in order to *fully comprehend the action* of a remedy, we must make a careful study of its more complete pathogenesis.

The proper course for the student must ever remain: First, a general study of the action of a drug as manifested in the effects of material doses; secondly, a careful study of the symptomatology of the drug developed through the provings of the smaller doses of the potentized drug; thirdly, from the characteristic effects noted in such provings he will then be enabled to frame a practically useful synopsis of pure drug effects, "*a condensed materia medica.*" Through these combined he will reach a knowledge of the sphere of action of the individual drug. This, though dependent upon the words of the proved symptoms for its conception, is, nevertheless, in relation to therapeutics, of far higher import than the mere mechanical matching of symptoms. In other words, by this means he will gain a true conception of the *genius*—*i.e.*, the dominant influence—of the remedy.

For general study and office reference we need a complete picture, embracing every known symptom produced by each drug. For memorizing we need the characteristics. For a correct conception of the sphere of action of any given drug we must master its underlying *genius*.

In order to make a practical illustration of this thought, let

us review a few well-known, yet either often misused or equally-often neglected, remedies selected from the ranunculaceæ.

Aconitum napellus, commonly termed aconite, has probably as wide a field of application as any of the polychrests. Though frequently indicated, it is probably more frequently misused than any other remedy in the materia medica. Its pathogenesis, as given in Allen's *Encyclopædia*, embraces about thirty pages of closely-printed royal octavo; yet I venture to assert that a comprehensive synopsis of its symptomatology may be included in less than three pages. Let us make the attempt to picture this remedy in brief:

Aconite is useful in sthenic fevers of all grades of intensity, its leading indications varying but little. It may be recognized by its anxious condition of mind and body; great heat, with dry skin; or sensation of great heat, with cold, clammy sweat; the patient cannot bear to be covered, on account of the sensation of heat. The head and face are very hot and the cheeks are red; headache, out-pressing in character, usually in the forehead and over the root of the nose, and accompanied by the characteristic anxiety and thirst. Frequent chilliness is a common forerunner of the fever symptoms in cases calling for this remedy.

The sthenic condition which characterizes aconite, warrants the anticipation of active symptoms, such as the redness of the face, great heat and thirst. The tendency to active congestion of the cerebral bloodvessels, explains the outward pressing headache. Increased thirst and loss of appetite, are most natural concomitants of a fever, such as the aconite produces.

As might be inferred from the characteristic cerebral condition, memory is apt to be impaired, and consecutive thought interfered with; this in turn, results in absent-mindedness. Reflection becomes difficult; ideas seem to come from the stomach. If the nervous symptoms predominate over the congestive, we may expect ecstatic states, even clairvoyant conditions; with it all, the aconite patients dread excitement around them.

Another phase of the aconite is its marked utility in acute inflammatory states. Such inflammation may occur in any organ or tissue, but in every instance, its characteristic fever and mental state must be present. This holds true whether it be resultant upon traumatism, as in conjunctival inflammation

caused by sparks or other small bodies; or, dependent upon other causes, such as exposure to dry cold winds; or, a sudden checking of sweat; conditions, which in the aconite patient, quickly arouse the active resistance of the entire organism.

The pains are usually sharp, lancinating, or pressive. Sharp and lancinating in the neuralgic and inflammatory states; pressive more especially, when of congestive origin. When involving the fauces or tonsils, this remedy will often avert a threatening suppuration through its prompt action upon the inflamed tissues. If the inflammation be in the larynx, we have the characteristic croupous cough, difficult respiration, dry heat, and the mental anxiety. If in the bronchi, hacking cough and oppressed respiration. In the lungs, the greater extent of the capillary engorgement may result in hæmorrhage, which coming with an easy hemming or hawking, as it does in the aconite cases, only increases the anxiety and apprehension of the patient. In acute affections of the kidneys and bladder, we observe the same type of anxiety in the anxious urging to urinate, though the urine passes in but small quantities, and is red and burning in character. In dysentery, the anxiety and distress caused by the tenesmus, marks the remedy; the stools are small, brown, painful and bloody.

From a careful study of all the symptoms we find that the true genius,—that without which the aconite is not the truly homœopathic remedy,—is found in its mental state and the disposition to acute inflammatory and neuralgic states. Anxiety pervades the entire remedy. Do not expect however, that the patients will under all circumstances manifest these conditions in their most intense development; they will be present in every case, the character and quality will always be the same, but the intensity will vary greatly. This anxiety is reflected upon and manifest in, the most diverse physical conditions; in fact, even the bodily pains and discomforts seem to be pervaded thereby; as a consequence, the pains and other complaints are felt so keenly, that they can scarcely be endured; urgency, apprehension, anxiety, oversensitiveness, and impatience, are typical throughout its pathogenesis. These, together with the inflammatory states already given, point unerringly to the aconite in the early stages of many diseased states, and without a trio of these peculiarities aconite will rarely if ever be indicated.

Another drug often indicated but seldom used is the *staphisagria*. This remedy is especially indicated in conditions arising from anger, grief, or mortification caused by offence. It is not infrequently indicated in diseased conditions caused by loss of fluids, masturbation, or sexual excess, and has also proved serviceable in affections resultant upon the abuse of mercury.

Mentally we find, disposition to anger, and indignation. Children manifest an ill-humored, petulant state of mind; crying for things, which when given are petulantly thrown away.

Hypochondriacal and hysterical conditions arising from unmerited insult, or from sexual excesses. As might be expected in such cases, especially the latter, weakness of memory is quite marked.

Another symptom often found in staphisagria patients is, "the brain aches," this symptom frequently is quite severe, the patient expressing himself "as if the brain were torn to pieces;" it usually occurs in the morning on arising from bed; motion aggravates; rest and warmth ameliorate.

Headache, often pressive in character, and passing off after yawning, is characteristic. In this we find another evidence of the weakness and lack of vitality so commonly found in those who have wasted their strength through masturbation, etc.

The face has a sickly expression, the eyes are sunken; this appearance harmonizing with that which we have already seen. There is great desire for brandy or tobacco; in other words, a desire for stimulation, nature calling for some compensation for loss sustained.

Again, we find ravenous hunger, even after having eaten. Food tastes bitter or flat. These cases of vitiated appetite and digestion are accompanied by much very offensive flatus, which is usually freely discharged. Colic, as a sequence of anger, often calls for staphisagria.

Along with the feeling as if flatus would be discharged, there occurs, unnoticed, a thin stool. This symptom may pertain to hæmorrhoids, which in staphisagria patients are often found in conjunction with enlarged prostate, and accompanied by intense pain in the back and through the whole pelvis.

In enlargement of the prostate, we find frequent urging, with scanty discharge of a thin stream of reddish urine; urging, as

if the bladder were not emptied; discharge of dark urine by drops; pain extending from the anus along the urethra, coming on after walking or riding. Pains in the testicles may occur; they are either burning, stitching, or aching in character.

Though not frequently indicated in affections of the respiratory organs, it will nevertheless prove of great service in coryza accompanied by frequent sneezing. The discharge may alternate between a copious bland watery and a thick mucus. In the later stages the thick mucus becomes constant.

The feeble voice of the staphisagria patient is dependent upon a weakness of the vocal organs rather than upon a catarrhal state. It is noticed more especially as a sequence to anger.

The cough is usually bronchial in origin, spasmodic, and hollow sounding. The expectoration is yellow and muco-purulent in character.

The pains of the staphisagria patient indicate its utility in rheumatic affections. It bears comparison, in this respect, with bryonia, having, like bryonia, pains in the shoulder-joints, either only on motion or aggravated by motion. There is a paralytic aching in the arms and in the metacarpo-phalangeal articulations, aggravated by movement; also, fine twitching, tearing pains in the finger-tips. The knee-joints ache; rheumatoid pains in the knees; pains in all the bones.

In dry herpetic eruptions affecting the joints, staphisagria has proved curative. We find itching, with burning after scratching.

In scorbutic ulcers, with much itching and burning, and excessive formation of an ichorous and offensive pus, or, in some cases, scanty pus, this remedy is of paramount importance. Condylomata, dry and pedunculated, especially after the abuse of mercury, often call for staphisagria.

As might be expected, from what has been said as to the enervated character of the staphisagria patients, we find yawning and sleepiness; yawning and stretching until the tears flow; or, on the other hand, we may find a nervous and wakeful state at night; goes to sleep late on account of crowding of thoughts, or from the burning and itching of the ulcers or herpes.

Indications of the genius of this remedy are found in the

characteristics of a prematurely old man, rendered so either by personal abuse, or one who, through constitutional poverty in childhood, has been stranded in early life. Again, the little child, with its unfortunate inheritance of syphilis or psora, manifested in rachitis, scurvy, or other forms of disease, evidence of such underlying dyscrasia, typifies the effects of the depraved action of the vital force, so characteristic of cases calling for this remedy.

Anacardium orientale is another remedy frequently indicated though not so often prescribed. In this remedy we have a well-defined picture of the hysterical and hypochondriacal conditions so frequently met with in male as well as in female patients. In its pathogenesis we find hypochondriacal depression of mind, with marked tendency to forgetfulness; physical weakness, accompanied by indisposition to think; weakness of digestion, with sluggish intestinal action; the rectum seems powerless; even the soft stool is passed with difficulty.

The marked central symptom of *anacardium* seems to be forgetfulness; forgets names, forgets persons, in fact forgets everything she has seen. Events of the past, or of most recent time, are speedily forgotten. This condition may be found, as an accompaniment, in nervous or hysterical patients, or it may occur as a sequel to some serious acute disease. Moral and religious conditions change. May imagine the presence of a demon, dictating blasphemous thoughts; or may manifest a disposition to curse and swear. May feel as if separated from the world; "has so little confidence in himself that he despairs of being able to do that which is required of him." In fact, we may say he forgets his moral and religious principles, and fails to perceive his own powers to do. This may manifest itself in the symptom "feeling as if he had two wills, one commanding to do that which the other forbids." Even the special senses seem to forget their functional duties, for we find to a marked degree weakness in all. The headaches occurring in the *anacardium* patients, are of that pressive character so commonly found in forgetful persons. The eyes are sunken, sight is weak, and objects appear too far off. Hearing is difficult. Sense of smell seems quite lost; or we may find illusory odors, as of tinder, pigeon or chicken dung. The face is apt to be pale and wan looking—a careworn expression we might say—

except in mental diseases with much excitement, when it is usually flushed. Taste is flat or lost. Tongue is heavy; it feels swollen; speech is impeded. Appetite is lost, though at times this may alternate with violent hunger. Digestion is weak, and after eating we find fulness and distension of the abdomen and hypochondriacal humor. Nausea in the morning; nausea worse before and after, but better while eating. Nausea during pregnancy. Catarrh of the stomach, with cramplike and shooting pains. Great and urgent desire for stool, but with the effort the desire passes away without an evacuation. The rectum "forgets" what was wanted of it.

Hæmorrhoids occur, sometimes with profuse bleeding. Frequent urination at night; urine may pass involuntarily (sphincter seems to forget). There is violent sexual desire, but no enjoyment during coitus. The menses are frequent but scanty. After childbirth, instead of joy we find melancholy.

We find oppression of the chest in the region of the sternum. Shortness of breath on beginning to cough. Cough worse after eating. Yawning and sleepiness after cough. Dull pressure, as from a plug, in the right side of the chest; this plug-like pressure is found in various parts of the body, *i.e.*, head, eyes, gluteal region, thighs, etc.

Cramplike pains in the finger-joints may occur in marked degree. Writer's cramp has been overcome by the *anacardium*.

Painful restlessness of the legs; they feel stiff as if bandaged. Cramp in the calves. Cramplike drawing from the heels to the calves. Cramplike drawing and tearing from the toes to the dorsum of the foot.

The skin symptoms of *anacardium* resemble herpes or eczema. We find redness with eruption of small vesicles, accompanied by much itching and burning. Large blisters may also form, as in pemphigus.

Many other important symptoms may be found in the pathogenesis of the *anacardium*; nevertheless, the foregoing will afford the busy practitioner a sufficiently comprehensive view of its sphere of action, and enable him to recognize its homœopathicity in any given case of disease.

The mental symptoms are by far the most characteristic, and furnish in most cases the true key to its successful employment.

HOMŒOPATHY PLUS SPECIALTIES—NOT SPECIALTIES PLUS
HOMŒOPATHY.

BY HENRY C. HOUGHTON, M.D., NEW YORK CITY.

(Read before the American Institute of Homœopathy, Newport, R. I., June, 1895.)

THE present status of this honored Society verifies the adage, "nothing succeeds like success," but history repeats itself, and we may do well to recognize the fact that success may prove to be the very pivotal point on which to swing toward failure.

As a school of medicine, as educators, as a convincing and converting organization with a distinct function and mission in the world, the disciples of Hahnemann have gone on till they can show results which demand and receive world-wide recognition.

In the sense that the law of gravitation is divine, given to the world through the intellect of Newton, in the sense that the laws governing the great solar system are divine, first grasped by Galileo, so the law underlying our theory and practice is a divine one, evolved through and by the brain of Samuel Hahnemann.

It is not my purpose to give even a tithe of the merited laudation which is the right of any master mind, specially of those who stand in the front rank of the world's great beneficent heroes. Much is said of Napoleon in these days; his name pales in interest contrasted with that of Hahnemann. The one destroyed, the other built; the one lived for self, crushing out human life as he strode on in the path of unchained selfish ambition; the other lived for God and humanity, making human life free from pain, full of happiness, joyous with conjugal love, the charm of a German home. A recent writer says: "Certainly his self-denying life is sufficient answer to the half lies of his detractors, ancient and modern. It was the effort of a simple-minded and pure-hearted man to discover the truth in the manner that his father had long before taught him, in this maxim: 'never take anything for granted, nor receive anything in any science as a truth, until you have investigated it for yourself'" (Bradford, *Life and Letters of Samuel Hahnemann*).

For half a century homœopathy made progress against the dominant school by the sheer force of truth, pervasive, persuasive; on the Continent, during the lifetime of the master; in Austria, 1819; in Russia and the United States of America, 1825; in Great Britain, 1827; Spain, 1829; France, 1830; Belgium, 1832; everywhere gaining slowly as a new law of medical practice. Indeed, we may say by promulgation of a law where chaos had reigned. In our own country, the growth of the new school was very rapid, liberty, not to say license, being the genius of America.

If we inquire closely, we find that this progress was due to the fact that such men as Gray, Curtis, Hallock, Joslin, found a scientific basis for medical study—experiment, if you please—and soon experiment settled into fact. All this time there were no specialists, unless we call surgeons such, and these were applying the law in the same manner as those were who gave dilute medicine for diseases of the body, not complicated by lesions needing surgical interference.

After waiting more than a quarter of a century for the new method to die out, tactics changed, and thirty years ago it was said: "Yes, homœopathy is well enough for women and children, but where are the surgeons and specialists?"

Passing the fact that one who can successfully treat children is competent to treat adults, it is well to call attention to the fact that previous to 1865 specialists were scarce, even in "old-school" circles. Since then the advent in America of one of Germany's most noted scholars and surgeons gave an impulse to special study, of which our own men, mature and young, have been active participants, so that to-day every large city in our country has specialists in medicine and surgery.

When Bunyan's pilgrim was active in dealing with difficulties in his journey, he made progress. It was not till he found an arbor of comfort, and slept at his ease, that he lost his roll, and came to grief and the necessity of retracing his steps. "The blood of the martyrs is the seed of the church." So far as one can see at present, there are few martyrs for homœopathy in these days. The writer knew some of them twenty-five years ago, and was influenced by the story of their trials. They had the courage of their convictions, and practiced the new with an enthusiasm born through the misery of travail in the old.

Homœopathy was the hand of power, not a mere supernumerary finger, a curious freak.

It is to be feared that we are drifting, drifting from law to empiricism; from principle to expedients; from the vital to the material. There is always a tendency to be led away by that which is the tangible; that which appeals to the eye, the ear, the touch; none perhaps more so than myself. Often has the speaker failed to master disease promptly with the indicated remedy; has been led to use empirical means, only to chase burning marsh gas. A closer study, a fortunate grasp of guiding indication, has changed vital functions and the satisfaction of cure, has been equalled by contempt of the curer, who, for the time being, had been once more a chaser of *ignus fatuus*. But there is another fellow with whom, heaven grant, your essayist may never be identified. The pious tinker, previously quoted, has a character in his book named "Mr. Facing-two-ways." Have you ever seen him? Do not take the trouble to look around now. He never goes to your county or state society meetings, or to the sessions of this Institute, unless it be for political reasons. The writer of the Apocalypse knew him, and said: "I would thou wert either cold or hot; so then because thou art lukewarm, and neither cold nor hot, I will spew thee out of my mouth." A first cousin, you see, to the one who practices medicine both the new and the old way.

Homœopathy has come to its glorious present by the force of truth; hence, it is not a thing to juggle with; something to have or not to have; to practice to-day, to abandon to-morrow; something to tack on to a specialty; it is the motive power, not a trailer.

In closing, let me appeal to every specialist to do for homœopathy that which the general practitioner did before there were specialists. Study symptomatology in your own field; settle the value of objective and subjective symptoms, thus enriching our materia medica; thus leading from the special to the general; use every means of research for elucidation of pathology, but link with it physiological medicine, for that was homœopathy long before the name was coined, as an anæsthetic agent, to mollify the hypersensitive nerves of the students of the progressive type in "old-school" medicine.

"THE SCOPE AND LIMITATIONS OF THE LAW OF CURE."

BY D. H. ROBERTS, M.D., OWATANNA, MINN.

IN this magazine, "THE HAHNEMANNIAN MONTHLY," for June, 1895, we are given, "a study of the scope and limitations of the law of cure," by Dr. Pemberton Dudley. The homœopathic law is here meant; and, from his standpoint, the subject is certainly very ably presented. Furthermore, the views advanced by him are, no doubt, those generally held by the profession, and they also agree with the teachings of Hahnemann.

Now, in the spirit of "true critical inquiry," and, as I sincerely hope, without being either "self-conceited" or "irreverent," and in behalf of a dissenting minority, I would like to present a few thoughts, showing the reason that some of us cannot assent to the views here so ably presented, even though they be supported by such an array of talent and authority.

The foundation upon which Hahnemann, Dudley and others base the homœopathic law of cure, appears to be: *First*.—That diseases are primarily some disturbance of the vital forces, and that they, the diseases, produce certain symptoms peculiar to the diseased condition; all these symptoms indicating the kind and extent of mischief going on.

Second.—That medicines possess dynamic properties and when taken into the healthy system, cause disturbance of the vital forces. Each remedy thus producing symptoms peculiar to itself.

Third.—That in any case, if the symptoms caused by the disease, and those that belong to the remedy administered, be similar, the two forces will not only act upon the same vital elements, but the medical force being the stronger, will obliterate that of the disease and then, without difficulty, allow itself to be removed.

Now it is to these fundamental views that we object. We think we have ample reason to believe that matter, and not spirit, is subject to the laws of time, disease, decay and death, and therefore that vital disturbance is not the primary cause of disease.

We think we have reason to believe that medicines are altogether material having no dynamic or spiritual properties whatever and therefore cannot be considered active spirit disturbing forces.

And further, even if the first and second propositions were true we see no reason why the drug, in any potency, should always be more powerful than the disease and thus so positively warrant a cure.

While we most fully and profoundly believe in the great law of cure discovered by Hahnemann we do not accept his explanation of it. From our standpoint the true explanation would seem to be something like this:

First.—That diseases are caused by some disturbance of tissue or function of the material body and that the vital forces, by a law of their nature, immediately make an effort to remove the disturbance and restore harmony. That thus the vital forces produce unusual sensations and appearances which we call symptoms. These symptoms having peculiarities according to the kind of trouble to be overcome.

Second.—That medicines are entirely material; and that, when taken into the system, they disturb its harmony, and being different in quality the vital forces remove them by different routes, thus producing symptoms peculiar to each.

Third.—That in case of disease the vital forces always make curative effort, and if the remedy having similar symptoms be given, the already active vital forces will be stimulated to make still greater effort in the same direction and thus facilitate the cure.

We recognize the wonderful activity, power and intuition of the vital forces and that they are constantly building, purifying and healing the physical system. We also recognize as *true* the assumption, if you please, that matter and spirit differ from each other so positively, so discretely and in such a way that they are utterly inconvertible by any human ingenuity. That they belong to different worlds, each being subject to the laws that govern its own realm.

In regard to the scope and limitations of the homœopathic law of cure, in some respects they may be found nearly the same, practically, whether viewed from the old or from the new standpoint; but in many ways they will be found to differ

widely. As Dr. Dudley eliminates certain symptoms from those observed in the patient and also from those observed in the drug proving, before deciding upon the curative similarity, so do we the same thing, only our method of deciding the choice is very different. We eliminate from the list of symptoms found in the patient all those produced by mechanical or chemical action, or in any way produced directly by the disease, and reserve only such as are produced by the vital forces in their curative efforts. We also eliminate from the drug proving, in the same manner, reserving only such symptoms as were made by the vital forces in their efforts to get rid of the drug.

In some other ways a much wider difference will be observed. For instance, we find that Dr. Dudley's logical analysis, reasoning from the old standpoint leads him to define a *cure* to be "a change from disease to health by *artificial means*." From this we have the logical deduction that if any one should recover from sickness without the use of artificial means he would have to report—not cured at all—only got well of myself. Like Topsy who was not born at all, only grewed.

From the new standpoint we are logically led to the conclusion that an artificial cure is an *impossibility*. The surgeon may adjust the lips of a wound but nature does all the healing. So, in the cure of diseases we may *assist* the vital forces in various ways, but so far as healing or curing is concerned, they not only point out and lead the way but, in fact, they do the work. When, therefore, we speak of any one having been cured by this or that medicine or by this or that doctor we can only mean that by such a medicine or such a doctor the vital forces were successfully assisted in making the cure.

The mere definition of the word cure may appear to be a small matter, but the physician's idea of what *cures are* and how they are brought about may make all the difference between success and failure. Should a physician treat his patients with the idea that artificial means alone are curative, thus taking credit to himself for nature's cures, his vanity might sometimes be tickled, but his inclination to push and control matters and his consequent lack of success would probably soon convince others, if not himself, that as a practitioner he was a failure.

On the other hand, with a clear conception of the curative powers of the vital forces and their intuitive active efforts in

case of sickness, the physician would naturally be more careful in regard to everything that might interfere with or retard their work. He would be more calm, more patient, less vacillating and more successful.

All we ask is careful investigation *of* and *from* our standpoint.

HOW SHOULD HOMŒOPATHIC MATERIA MEDICA BE CLASSIFIED?

BY M. W. VAN DENBURG, A.M., M.D., FORT EDWARD, N. Y.

PART I.

FROM the beginning of written medical history, to the latest work on materia medica in the nineteenth century, the question, how should drugs be classified, has been a problem with an unsatisfactory solution.

Doubtless long before the day of Homeric Æsculapius, the use of drugs had multiplied to such an extent as to render some sort of grouping necessary. We would not be far in the wrong, to suppose that in the days of Pythagoras, 570 B.C., practitioners of "the art of healing" had their emetics, cathartics, diuretics and sudorifics, just as they now have in these latter days of "the divine art."

Whatever may have been the differences of opinion existing before the days of Pythagoras, we are morally certain that a period of two and a half decades of centuries has not sufficed to settle permanently those which have risen since his time.

Hippocrates, Aristotle, Galen, Cullen and a host of other brilliant lights stretching along this line of centuries, have failed to remove or prove invalid many objections to the solutions offered. He would be both rash and foolish, who should attempt to solve this question of centuries in an off-hand fashion, with a show of superior wisdom, or slighting consideration.

Drugs were at first employed, as we may well suppose, from an accidental discovery of some particular quality. This quality, most naturally, came to stand for the drug. Hence it was both natural and logical, that drugs should at first be classed by a single virtue. Later other qualities were developed, and after a time, a drug ceased to fit under one head, or

class. At exactly this point rose the first difficulty of classification, a difficulty unsettled at the end of twenty-five hundred years.

The first and most natural solution was to place one and the same drug in several different classes at the same time. This seemed illogical and unscientific when compared with the old plan. It introduced an element of confusion, and it has been strenuously opposed, and as strenuously defended for hundreds of years.

During this long period, many side-issues have been raised, having more or less influence upon classification. The determination of drugs by "signature," in which the healing qualities were supposed to be shadowed forth in the shape and color of the foliage, or the flower, or in the habit of growth, or some other equally fanciful manner, have led to the survival of such names as liverwort, for a group of lichens; liver-leaf, for hepatica; lung-wort, for mertensia; bladder-wort, for urticularia and several other genera. This course favored the grouping of one drug under one class, but selection by this means has long since been discarded, being justly considered fanciful and without foundation in fact.

The fad of animal extracts, by which that part of the human organism supposed to be most deficient in nourishment suitable to its needs, is to be supplied by extracts from similar parts in the animal kingdom, has been reserved for the latest nineteenth century physicians as they approach the period of senile dementia. It is only more fanciful than the other.

Another basis has been proposed in modern times which might be termed the natural history method of classification. Drugs by this method are to be arranged under the natural kingdoms, classes, orders, families and genera of botany, zoology, mineralogy and chemistry. For the most part, mineralogy is disregarded and chemistry substituted; but this is not always the case.

This method is in vogue with some of the latest writers on homœopathic materia medica. Drugs are divided into animal, vegetable, mineral, and nosode poisons. Under the botanical division, for example, drugs of a botanical order are classed together in one group.

The value of this method of classification is best illustrated

by concrete examples. In one of the very latest elementary works on homœopathic materia medica, the family of Scrophulariaceæ is made to constitute a group consisting of *digitalis*, *euphrasia*, *gratiola*, *leptandra*, *linaria* and *verbascum*.

The qualities ascribed to these drugs are as follows: The general physiological action of *digitalis* is mainly confined to the circulatory organs, other parts being affected secondarily.

Euphrasia acts especially on the mucous membranes, principally of the eyes and upper respiratory tract.

Gratiola has, as its chief action, gushing, watery diarrhœa, coming out like water from a hydrant; the stools are yellowish-green, frothy and associated with a cold feeling in the abdomen. The remedy nearest to *gratiola* in its action is *croton tig.*, of the family Euphorbiaceæ, and not a member of this family.

Leptandra has profuse, black, tar-like foetid stools.

Verbascum has, for its characteristic indications, catarrhs and colds accompanied by neuralgia and a hoarse, barking cough. It also acts powerfully in urinary irritability.

The characteristics of *linaria* are not mentioned at all.

Looking back over the "characteristic action" of these five drugs, what possible excuse, from a medical standpoint, can be produced for thus associating them in a *special group*?

If we now consider some instances of relationship of a different sort, one founded on similarity of medicinal action, and at the same time note their natural history affinities, we shall find much food for reflection.

Aconite, *arsenicum album* and *rhux tox.* often need careful differentiation in prescribing for restlessness in fevers. The mineral and vegetable kingdoms and separate orders in botany are taxed here.

Very offensive diarrhœa may demand *lachesis*, *stramonium*, *psorinum* or *sulphur*, according to its peculiarities. The three kingdoms and the nosodes furnish these four closely related remedies.

The only possible excuse for the natural history classification is that it adds one more to the number of useless things required in modern medical education and puts an additional burden on the long-suffering student. Beyond this there is no earthly excuse for its being. The practitioner of medicine has not the remotest use for this kind of association of drugs.

If, now, we review, in a similar manner, the classification prevailing in "regular" medicine, comparing what is put forward with what *is*, we may also find matters of interest. Stillé gives eleven classes and a large number of sub-classes. One of these classes, *Class IX., Arterial Sedatives*, is made to contain two drugs, digitalis and veratrum viride. We will first note why the last-mentioned drug should be classed *only* under Arterial Sedatives, and nowhere else. This is our author's method of classification, and it has the sanction of twenty-five hundred years.

He quotes authorities (p. 296, vol. ii.) to show "that veratrum viride is one of the most certain and efficient *emetics* belonging to the materia medica, producing nausea, as well as vomiting, that is almost continuous."

He also says (p. 297) it produces "faintness, somnolency or coma, dimness of sight, dilation of the pupils, vertigo, headache, rarely delirium, impaired muscular action, general numbness, slow and infrequent respiration, hiccough, pale, cold skin covered with clammy sweat, persistent vomiting, excruciating pain in the præcordia, flatulence, in some cases profuse, watery diarrhœa, and a small, infrequent and generally feeble pulse."

He also observes (p. 298), "The mode of action which veratrum viride displays in the cure of diseases has been variously estimated by different observers. Originally, besides its emetic operation and sedative influence upon the heart and nervous system, it was alleged to be deobstruent and alterative, in which last qualities were included resolvent, antipsoric, cholagogue, expectorant, diuretic, diaphoretic, discutient, sialagogue and emmenagogue powers. In other words, it combined in itself the virtues of nearly all the materia medica besides." It must be evident to the homœopathic reader that "originally" they were not far from right regarding the breadth of its "virtues."

How about the wisdom that ignores "one of the most certain and efficient emetics belonging to the materia medica," never once giving it a standing or a place in that class?

What *practical* use, even to "a regular," can such a classification be made to serve?

Classification, to be of any value, must be founded on resemblances and differences, the results of comparisons.

It matters much what ends are had in view in making these comparisons.

If it be the structural and physiological relations, and the adaptation of living beings to environment in the animal and vegetable kingdoms, then a classification will result, setting forth the resemblances and differences of each species as related to the whole, and to its immediate allies.

The same is true in the inorganic world. The resemblances and differences will be founded on form, and on physical and chemical properties, these being the peculiar characteristics of inorganic life.

Now, what are the resemblances and differences to be classified among drugs, considered from the physician's standpoint, in order to be of use to him as a practical healer of the sick?

Clearly, they are those that relate to the power of drugs to cure disease.

In the multitude of drugs which modern Homœopathy places at the command of the physician, and demands from him some sort of knowledge, it is necessary, if possible, to have some method of arrangement whereby he may comprehend drugs as a class, and divide them into groups for the purpose of referring to their action and uses.

His business with drugs is to use them in healing or relieving the sick.

This is the primary, we might say the sole use of drugs. It is of value as a matter of information, that we know many other things about them. The collateral branches of knowledge, which widen the scope of mental vision, are of use to every liberally educated man. And in this sense, it is of value to know much of drugs outside their power to alter the state of the sick.

But the first great leading purpose of his *medical* knowledge is to learn of their *curative power*. Any classification that helps in the *application* of the peculiar characteristics of healing which resides in drugs, will be useful. Any grouping or association of drugs that does not lend itself to this end will be confusing and useless, just in proportion as it departs from this primary object.

The assertion that all the most powerful drugs, and therefore those most efficient in curing the sick, have many avenues for altering the state of health, is literally true.

To classify them according to *all their effects* is the only scientific way of dealing with the problem. But how shall this be done? If we admit the principle, how shall we carry it out in practice?

The question is not one of difficulty, but of correct method. It may not be as easy to extract the cube root of a number of six places as to multiply it by two. But if the cube root is the problem, there is no use of making wry faces and blaming the requirements.

We reiterate, a classification of drugs must have reference to their curative powers *as the primary principle*.

This is the kind of comparison the physician is called upon to make every time he prescribes.

He looks at a case of pneumonia; he thinks only of those drugs that act upon the lungs and bronchi. If there be certain peculiar changes in the mental manifestations, then he thinks of the pneumonia-drugs in their mental-effects; if the case has heart complications, the pneumonia drugs with heart-effects; if there be kidney complications, the pneumonia-drugs in their urinary-effects.

Now, any method of drug-study, any method of drug-classification, any association of drugs previously learned, that will enable him to compare those pathogeneses nearly similar to the case in hand, will be of use to him. All other methods of classification will be confusing and useless.

Of so great and immediate importance will be the association of pneumonia-drugs, that he will be obliged to construct such a class, if he has not previously learned one. It is the *sine qua non* of medical procedure.

If he be restricted to two or three drugs, from faulty teaching or lack of systematic study, he may be utterly at sea as to what he had best do, and be obliged to resort to some kind of makeshift until he has an opportunity to consult his books and *construct* the class demanded by the case.

As regards homœopathic prescribing, I do not hesitate to say, this will be the inevitable course of every conscientious prescriber. Of what use to him, then, are his natural kingdoms, his botanical orders, his generic relationships? They are worse than chaff—they are tares, growing where good ripe wheat should stand.

(To be continued.)

BORACIC ACID IN THRUSH IN CHILDREN.

BY F. H. PRITCHARD, M.D., WEAVER'S CORNERS, OHIO.

BORAX is generally regarded by homœopaths as well as by allopaths as a specific in mycotic stomatitis or the thrush or sprue of English writers, the muguet of the French, the Schwämmchen or Mundschwamm of the Germans and the mughetto of the Italians. The earliest reference in the literature to this use is a citation by Dyckman,* who states that M. Bisset regards borax as the most "powerful dissolvent yet known in the aphthous crusts in the mouth and fauces of children." He applied it dry, mixed with sugar. The one who gave it its extensive introduction into practice was the great French clinical teacher of former days, Trousseau, who, at the Hôpital Necker, employed constantly the following formula "with invariable success:"

Borax,	.	.	.	.	.	.	.	.	5 to 15 grammes.
Honey,	.	.	.	.	.	.	.	.	equal parts.

To be applied, three times a day, by means of a swab, to the affected parts. Bouchut,† from whom this citation is taken, goes on to state that he has often, under the influence of this local treatment, seen the efflorescences of idiopathic and symptomatic thrush shrivel up and fall off in twenty-four to thirty-six hours. "It rarely resists this measure." Antoine Dugès,‡ on the contrary, has found it of no value in this affection. Yet the succeeding writers, as Churchill,§ who supports Trousseau's views but counsels smaller doses in the beginning, Solis Cohen,|| Th. Stedman¶ and Osler** all recommend it as the chief

* Dyckman's *Edinburgh Dispensatory*, 1818, p. 390; part ii., *Materia Medica*.

† E. Bouchut, *Traité Pratique des Maladies des Nouveaux-Nés et des Enfants a la Mamelle*, etc., 2d. ed., 1852, p. 520.

‡ Antoine Dugès, art. in the *Dictionnaire de Médecine et de Chirurgie Pratiques*, vol. v., p. 195, under heading "Aphthes," 1829.

§ F. Churchill, *Diseases of Infants and Children*, Phila., 1850.

|| J. Solis Cohen, *Diseases of the Mouth and Tongue*; Pepper's *System of Medicine*, vol. ii., p. 331.

¶ Th. L. Stedman, *Refer. Handbook of the Medical Sciences*, vol. i., p. 293.

** Osler, *Practice of Medicine*, p. 325.

though not the only remedy. Teste* speaks highly of it, particularly at the beginning of the disease, when its action is very prompt. He cites Hartmann, who would limit it to the following indications: "the child is cross, cries and weeps very much, starts in his sleep and seizes objects about him; the complexion is pale and earthy, the skin soft and flabby; he refuses the breast, and the mucous membrane of the palate and tongue, upon which are perceived red vesicles and aphthæ, appears as if shriveled." Though speaking highly of it and trying to fix its indications he relies more frequently upon hydrochloric acid, locally and internally.

I had used borax, in one case, without any definite results and being recently called to a case of true mycotic stomatitis, in a nursling of about two weeks. When first seen the child was somewhat emaciated, though its mother had nursed it and she had had milk enough of seemingly good quality. It had been ailing for nearly a week with this disease, and various domestic remedies, including local application of its own urine freshly passed, and had steadily grown worse. I found it very peevish, restless, refusing to nurse except for a few seconds. It had light fever and had not been able to sleep for two or three nights. On examining its mouth I found it filled with closely crowded, roundish patches, which were covered with a whitish curd-like substance which could not be easily detached, its tongue was covered with a thick and dry yellowish fur which felt like leather; the buccal mucous membrane was quite dry. It kept its tongue in nearly constant motion to attempt to moisten its dry mouth, its abdomen rumbled and rattled every little while, though it was constipated. Very frequently it would be seized with colicky pains so severe that it would grasp its mother's arms with so strong a grip as to be actually painful. I diagnosed thrush from: the dryness of the buccal mucous membrane, the tender age of the child and the curd-like appearance of the coating and the absence of vesicles upon the seemingly ulcerated mucous membrane.

I left a mouth wash of a weak solution of the chlorate of potash which is employed in both schools in various forms of stomatitis. The next day there was no change and the child

* Teste, *A Homœopathic Treatise on the Diseases of Children*, 4th ed.

was growing slowly weaker. I informed the parents of the gloomy outlook and prepared a solution of boracic acid, eight grains of the acid to one ounce of water, the same strength as usually employed in local applications to the eye, directing them to apply it hourly, by means of a swab. I left, late in the evening, and called the next day, expecting to confirm my prognosis or to find it dead, but, to my surprise, I found the mouth and tongue, as well as the lips, which were also covered with the dry fur, entirely clean and free from any sign of the disease, while the mucous membrane was moist and the child was restful and had nursed well and had passed a good night. I continued the local application and there was no return of the disease. The father told me that after a few applications the whole coating of the tongue adhered to the swab and was rolled up and removed entire.

I was indeed surprised at this happy and rapid result, which as I had before employed borax without good results in one case, seemed striking. I decided to try the acid itself, rather than the sodium compound of borax, in order to see if that had as good an action.

Is borax homœopathic to this disease? Neither the provings, the poisonings nor the overdosings present any mouth symptoms. Though Burt* praises its wonderful effects in aphthous buccal affections and cites Guernsey in support of his views and Lilienthal presents† indications which are quite similar to those of Hartmann, yet they are all doubtlessly derived from clinical experience. Charles Féré,‡ in an interesting article on the effects of borax upon the system, does not mention any manifestations upon any mucous membranes, though the patients, mostly adult epileptics, employed the drug to saturation. Skin symptoms are predominant and possibly one might reason that, by analogy, the mucous membranes should offer similar effects, but still they were lacking. Angelucci and Pieraccini,§ who also employed it in a large number of epileptics, also make no reference to any influence

* Burt, *Physiological Materia Medica*, 3d ed., 1883, p. 217.

† Lilienthal, *Homœopathic Therapeutics*, 2d ed., p. 135, 1879.

‡ Charles Féré, Le "borisme" ou les accidents de la médication par le borax, *La Semaine Médicale*, No. 62, 1894.

§ G. Angelucci e A. Pieraccini, Il borace nella epilessia, *Gazetta del Manicomio di Macerata*, August, 1894, abstracted in *Lo Sperimentale*, No. 31, 1894.

upon the mucous membranes. Burt states that it produces aphthous inflammation of the mucous membranes yet the *Cyclopædia of Drug Pathogenesis* contains no such symptom in any of the provings or poisonings recorded under borax and no recent literature, at my disposal, mentions any such manifestations. It may produce a dyscrasic state which would favor the growth of the specific micro-organism if it happened to be deposited upon the mucous membrane of such a subject, yet numerous observed overdosings have not presented any buccal symptoms worthy of notice. The parasite certainly flourishes in an acid medium as Solis Cohen observes and borax is supposed to produce this condition of the system. Otherwise, the deductions are purely empirical.

ANÆMIC LIPOMATOSIS.—Dr. E. H. Kish has found this variety of anæmia associated with obesity, to be dependent either upon certain morbid states of the sexual organs, or a persistent anæmia. It is rare in males and frequent in the other sex. In the first condition, about the time of the appearance of the menses, these anæmic girls suddenly flesh up in a surprising manner, though they still remain anæmic. Even minor states of this disease are characterized by cardiac disturbances, as palpitation, dyspnœa, præcordial anguish, increase of the area of heart dullness, weakness of the heart sounds, systolic murmurs, and a rapid and irregular pulse. The skin is surprisingly pale as well as the mucous membrane. The red blood corpuscles are reduced in number, and local œdemas are frequent. The prognosis, in general, is favorable. There is no special method of reducing the quantity of flesh in such patients. Exercise and breathing of goodly quantities of fresh air are of service. An appropriate diet is of importance, with its object to prevent the over formation of fat. He recommends particularly roast beef and veal, bacon, venison, rabbit, partridge, pheasant, chicken, pigeon, asparagus, cauliflower, spinach and heavy wines. Fish is contraindicated.—*Lo Sperimentale*, No. 9, 1895.

THE DIAZO-REACTION AS TO DIAGNOSIS AND PROGNOSIS IN CHILDREN'S DISEASES.—Dr. W. Nissen has found this urinary reaction always present in measles, which, therefore, offers a reliable means of distinguishing it from rubeola and miliaria, where it is never observed. It is most often noticed on the day of the appearance of the eruption, though it may delay from one to three days or even precede it by one to two days; it generally disappears shortly before final deferescence. In scarlatina during the first one or two days it is not to be looked for. The same conditions hold good in children as in adults with regard to typhoid fever. It may be quite distinct on the fourth day of the fever, and is, as a rule, quite pronounced from the sixth to the eighth. It is only absent in very slight and abortive cases. In croupous pneumonia the reaction may be either present or entirely lacking. In phthisis its behavior is quite important. It may appear and then disappear, or be noticed persistently. Sudden and persistent appearance and persistence with loss of strength, are characteristic of acute miliary tuberculosis. In chronic caseous pneumonia, it is either absent or but slight. In tuberculous meningitis it is only present when the disease is but a complication of a general miliary tuberculosis. In non-tuberculous forms it is wholly absent. Finally, in all cases where this test is remarked, one may be certain that bacterial products of metabolism are being excreted through the urine.—*Centralblatt fuer die Medicinischen Wissenschaften*, No. 11, 1895.

EDITORIAL.

A NEW ERA.

THE most favorable omen for the future prosperity of Homœopathy, and its recognition as the only scientific system of medicine, is given by the paragraph in the Report of the Committee on the Centennial of Homœopathy, presented to the American Institute of Homœopathy, and adopted by it, reading as follows: The central thought of this celebration should be the discovery promulgated in 1796—the law of similars. Public and professional attention should be drawn as strongly as possible to this particular subject as the distinctive and essential “truth” of homœopathy, while other truths taught by Hahnemann and held by his followers should, for the time being, occupy a secondary place. This sharp distinction should be made for the purpose of forcing public and professional recognition of the real and essential question at issue between the two methods of medical practice.

From a comparison with our last editorial (written before we had any knowledge or presentiment of such action on the part of the Institute), it will be seen that the only point to which we could take any possible exception would be the words “other *truths* taught by Hahnemann and held by his followers.” It is rather too general and positive, and in a measure weakens the full force of the declaration immediately preceding.

We have for the last twenty years been urging this very standpoint on all possible occasions—that the law of similars is the only essential part of homœopathy, and if we wish to gain for our system, in the medical world, the position which it deserves—and it *alone* deserves—as scientific medicine, we must narrow the conflict down to the proving or disproving the truth of this principle. We speak of it as a principle provisionally; if it prove to be of universal application, it must be called a law. Up to the time of this proof let it be regarded as a working hypothesis, if you will, and be applied intelligently and scientifically.

The mistake has been that we have sought to uphold and to propagate Hahnemannianisms, and not the essential of homœopathy. No one who has any acquaintance with the life and

writings of Hahnemann can deny his genius, amounting at times almost to inspiration—almost, we say—and therefore deny to his utterances that absolute, unquestioning faith which we do not give even to those whose claim to plenary inspiration has been much longer and more universally recognized. With the true inspiration of genius, he caught at once the clue that guided him through the mazes of the countless observations and experiences which only hampered the steps and impeded the progress of his less gifted predecessors and contemporaries. *Similia similibus curantur*, uttered long before his time, he reasserted, and began to prove. This principle, or law, grasped by a happy generalization, is something entirely different from the precepts and doctrines evolved by Hahnemann, and by him connected so closely with his system of therapeutics that his followers have for many years considered them inseparable. They have, in a great measure, lost sight of the fundamental distinction between a law of nature and dogmatic precepts, manifestly and demonstrably originating from antagonism to practices prevailing at the time. Can any one doubt that the doctrine of the single remedy was a reactionary thought against the horrible polypharmacy of those times, or the minimum dose a necessary pendulum-swing from the customary massive doses? Neither of these doctrines is involved in the law *similia similibus curantur*, nor can they by any possible logic be derived from it. In fact, from a superficial consideration of the manifold and complicated aspects of disease, the law would seem rather to speak against a single remedy and its overwhelming power at times, against a minimum dose.

This brings us to consider the plan of campaign according to which it behooves us to fight for the advancement and establishment of homœopathy. It can only be in the line of a scientific definition and determination of the terms of our law. Wherein lies the similarity between the drug and disease upon which we may found hopes of a cure? Must it be a similarity of cause, or concomitant; of tissue or organ; of pathological change or subjective sensation; of sequence or accompaniment; of condition or periodicity, etc.?

What constitutes a cure—and in what cases can a cure be looked for? It has been the failure to distinctly answer these questions which has led to so many acknowledged aberrations

within our school, and which has undeservedly brought discredit upon the system. To this cause is due we think, as much as to the "unreliability of our symptomatology," our many failures which are lamented in the latter part of this same report, and which are emphasized as an urgent reason for the reformation of our materia medica. We are heartily in favor of a reconstruction of our materia medica, but it can only take place in the direction indicated above. The idea of similarity must be defined, and therewith a philosophico-scientific interpretation given to the "*similibus*." The provings and observations will then be confined to bringing out those phenomena which are to lie at the basis of the required similarity. It will be seen that homœopathy owes specific answers to these questions to the medical world, and until they are forthcoming it can only demand of scientists in medicine to test the law in the same way that its own followers have done. We ask no favors, nor on the other hand do we wish to be handicapped by prejudice and ridicule, which are both foreign to a truly scientific mind, and which can have no place in the examination into the truth of the essentials of homœopathy. Applying the same rules of evidence that govern the investigation of any other series of phenomena, it ought not to be difficult, even from an allopathic work on materia medica, for a candid student to find sufficient ground for a belief that *similia similibus curantur* certainly covers many peculiarities of drug action. The attempts to express the action in some way so as to avoid the use of the concise formula of homœopathy, are frequently very ludicrous.

If the programme of the committee be carried out, we can look forward to the next meeting of the Institute as an epoch-making event, and we feel assured it will be the beginning of a new era in the history of homœopathy.

Much will depend upon the selection of the men to deliver the proposed addresses, on, 1. The Rational Basis of the Law of Similars. 2. The Experimental Demonstration of the Law of Similars. 3. The Clinical Efficacy and Superiority of the Law of Similars. But no matter how these fall out, the grand step in the line of true progress has been taken—the beneficial effects of which can in no wise be lessened—by the authoritative declaration of the American Institute of Homœopathy that the Law of Similars is the essential of homœopathy.

GLEANINGS.

GENERAL MEDICINE.

CONDUCTED BY

WM. W. VAN BAUN, M.D., AND FRANK H. PRITCHARD, M.D.

ACUTE GONORRHOEA, WITH A FATAL TERMINATION.—Dr. Loxton reports the case of a waiter with gonorrhoea who, after being treated for three weeks, was no better, but presented an actual aggravation, with considerable involvement of his general health. In spite of advice to the contrary, he persisted in drinking heavily of alcoholic beverages. On the third day after a "spree," he complained of rigors and fever, pains in the limbs, and headache. His pulse was 120 temperature 37.3° , tongue dry, the urethral discharge was decreased, and urination very painful. Three days later the patient was found helpless, covered with sweat, with an anxious expression of his face, and speaking with difficulty. Pulse 150, temperature 39.4° , respiration 54, tongue brown and dry, diarrhoea, the urethral discharge had disappeared. A most careful examination revealed no affection of internal organs that would give rise to this serious general condition. Death followed three days later. It was thought to be a septicemia from absorption of septic products from the urethra.—*Wiener Medizinische Presse*, No. 13, 1895.

ACUTE CANCER OF THE LIVER.—Dr. Chr. F. Bonnevie reports the case of a merchant of thirty-seven years who, two months before the time of observation, suffered from what seemed to be gastritis. Two months later there appeared violent pains in the right hypochondrium, with hyperæsthesia of this region, slight icterus, and elevation of temperature. Later, a constantly increasing augmentation of size of the liver was noted, which progressed downwards as well as towards the left of the epigastrium; this was of a woody hardness. One month still later he was considerably emaciated, and he died in seventeen days from this time, about three months from the first appearance of the symptoms. The necropsy revealed only the liver affected; it had attained colossal proportions, and weighed six kilogrammes; it was filled with nodules which were found on microscopical examination to be carcinomatous.—*Norsk Magazin for Lægevidenskaben*, No. 2, 1895.

SENILE PLETHORA, OR HIGH ARTERIAL PRESSURE IN ELDERLY PERSONS.—Dr. Allbutt narrated several cases typical of the condition. They all presented the same features, "symptoms obscure in so far as any particular parts, organs were concerned, but obvious and miserable enough otherwise;" the patients were "sluggish, sleepless, on awakening of a morning nervously perturbed," with "some of the classical symptoms of hysteria." In all there was a remarkable hard pulse with a "thudding" aortic valve sound, and none of them showed any feature in the urine leading to any suspicion of incipient or established renal disease. All of them were relieved by drugs adapted to lower blood pressure, and relieved most strikingly. Occasional mercurial and saline purges and a course of iodide of potassium, pushed freely, the lecturer had found to give almost complete relief; nitro-glycerine was also useful. Prof. Allbutt then proceeded to discuss the meaning and pathology of the condition. He had found it commoner in women than in men; gout, either declared or suspected, was much oftener absent than present, and renal disease and arterial degeneration were conspicuous by their absence also; and even "renal inadequacy" could be excluded; that the blood in senile plethora is at fault, primarily or secondarily, is probable; and that it is altered in some way which sets up peripheral arteriolar contraction was the conclusion, but "beyond this I feel unable to proceed, if indeed I ought to go so far."—*The Provincial Med. Jour.*

HYSTERICAL CONTRACTURE OF THE LEGS OF TWO YEARS' DURATION WHICH HAD BEEN CURED BY MASSAGE, ETC.—Dr. Hector Mackenzie relates the following

case: The patient, a young woman, had first come under care at the age of twenty for symptoms which suggested gastric ulcer. She was at that time emaciated and suffered from gastric pain and vomiting. Some time after this she had some disappointment, lost power in her legs, and took to her bed; the legs soon became contracted and remained so. When she came under treatment a second time the legs had been contracted for two years; she was now twenty-three, Her emaciation was great, her weight was five stone.

Under the deepest anæsthesia it was impossible to extend the legs on the thighs beyond a right angle; flexion could, however, be performed up to the normal limit.

The flexor tendons were hard and rigid. The patient was depressed and dwelt much on her troubles. There was marked anorexia. From the history, the mental and physical condition, and the character of the contracture, Dr. Mackenzie concluded that the case was hysterical in origin. It seemed likely, however, that structural changes in the flexor muscles had supervened, and it was at first doubtful whether it would be possible to straighten the legs without performing tenotomy. It was considered that the first thing to be done was to improve the general nutrition and to cure the morbid mental condition. The case was treated in the general ward of the hospital with massage and high feeding. Letters and the visits of friends were strictly forbidden. At the end of five weeks the patient had gained a stone in weight and was much more cheerful. She was soon made to get up, and was encouraged to use her legs a little. The contracture gradually but surely gave away. At the end of nine weeks the legs were nearly straight, and the patient had gained two stone in weight. She was discharged at the end of thirteen weeks well able to walk, with her legs quite straight, her weight, nearly three stone more than when she came in, and in a cheerful frame of mind. She has now for two years been perfectly well. Dr. Mackenzie said that although such cases were not very often seen in hospital practice, it was possible they might be met with more commonly by general practitioners or in infirmaries. As they were generally considered incurable they were not likely to be brought to a hospital. It was very satisfactory to know that in such a well marked and long standing case ordinary methods of treatment had proved sufficient to establish a complete cure.

IMPORTANCE AND PROGNOSIS OF SYPHILITIC GLANDULAR INVOLVEMENT.—Dr. Angagneur directs our attention to the great difference in cases of syphilis of the glandular reaction. In one case there will be a voluminous chancre and a slight glandular enlargement, while in another the chancre will be scarcely appreciable, and the adenopathy out of all proportion. The same has been observed with regard to the secondary symptoms. In other cases there seems to be a correlation. In children syphilis nearly always runs a benign course, yet the glandular involvement is generalized and obstinate. In old persons, on the contrary, the adenopathy is insignificant, while the disease itself assumes a grave form. In some cases there is a certain relation between the two. The glandular affection does not show the virulence of the virus, but rather the power of defence of the organism. If the lymphatic system be active and powerful as in children, the glandular tumefaction will be considerable. Phagocytosis is intense, while in the aged the glands do not oppose the introduction of the infection. The glandular barrier is easily overcome and the disease becomes violent. Some epidemics of infantile syphilis have been very violent, as for example, those originating in vaccination, but here the method of introduction was through deep incisions rather than through the glands. The great importance of the glands in carbuncular inoculation is well known. In malignant syphilis the glandular manifestations, as is known, are but slight. Therefore a patient whose lymphatic glands react powerfully against the virus has a better outlook than one whose do not.—*Revista de Ciencias Médicas de Barcelona*, No. 7, 1895.

DIAGNOSIS AND FREQUENCY OF OSTEOMALACIA.—Dr. Latzko finds osteomalacia to be one of the least known diseases; it is usually called gout, rheumatism, myelitis, etc. In mild cases the diagnosis may be made by the frequent articulate affections, the paralysis of the ileo-psoas, the augmentation of the patellar reflexes and the contractures of the adductors. The contractures of the adductors, the paralysis of the ileo-psoas, together with the sensitiveness to pressure of the long bones are sufficient to diagnose the disease without changes of the bones being noticeable. Often the history of the case, exacerbations during pregnancy with

remissions after confinement and in others the results of treatment by phosphorus will confirm the diagnosis. In the text-books the osseous changes are by far put too much into the foreground. That this disease is not so infrequent is seen from the fact that in the past three years he has treated fifty cases in Vienna. In the greater number of these the diagnosis was confirmed by other gynaecologists.—*Medizinische Neuigkeiten*, No. 10, 1895.

GASTRIC CRISES IN DIABETES MELLITUS.—Dr. K. Grube has found gastric and intestinal crises to be by no means infrequent in diabetes mellitus, and especially where the disease assumes from the very beginning a serious form. He calls attention to a group of symptoms which he has observed to appear in quite a typical manner in a number of cases; they seem to be quite analogous with the gastric crises of tabes.

The symptoms generally set in early in the morning with cramp-like and very violent pains in the region of the stomach. This organ may be either distended or not, but as a rule there is a great amount of flatulence and gulping up of gas. At times the stomach becomes greatly disturbed, and nausea, vomiting and violent diarrhoea occasionally follow. Other symptoms are cramps in the calves of the legs, a very dirty and coated tongue, dryness of the mouth, slight fever and an accelerated pulse. The urine besides sugar sometimes contains acetone, but neither diacetic nor oxybutyric acids were to be detected. The well-known chloroform odor was well pronounced. These attacks appear spontaneously, without previous warning. They are followed by weariness, and last from a few hours to one or two days. The best treatment consists in causing copious intestinal evacuations by rectal injections of oil or water and hot compresses to the abdomen. After the attacks the patient bears best milk, chicken soup, and tea or water with brandy. Opium will only prolong the attack.—*Baetier Fœr Klinische Hydrotherapie*, No. 4, 1895.

TRANSITORY BLINDNESS IN URÆMIA.—Dr. Rothmann from a case and a study of the literature with regard to the sudden appearance of blindness in uræmia concludes as follows:

1. Blindness accompanying grave forms of nephritis with or without uræmic symptoms is of a peripheral nature and dependent upon œdema of the sheath of the optic nerve. The same holds true for amaurosis following hæmorrhages.

2. The pupillary reaction may be retained, decreased or abolished without combating the view of compression of the optic nerve.

3. Retention of the pupillary reaction is of favorable prognostic importance, and a return of vision may be expected if present. Yet in rigidity of the pupil the prognosis is not absolutely gloomy.

4. If the pressure of the exudate be too great, permanent blindness may follow from degeneration of the optic nerve fibres.

5. In transitory blindness after reappearance of sight, the nerve is completely intact and only in the marginal portions degenerated.—*Centralblatt Fœr Die Medicinische Wissenschaften*, No. 6, 1895.

UGHT SCARLET FEVER PATIENTS BE ALLOWED TO BE MOVED WHEN CONVALESCENT?—During 1894 twelve hundred and nineteen scarlet fever patients were sent from the various London hospitals to a convalescent home in Kent. Dr. Dickinson, the manager of that institution, has sought to find if the journey had deleterious influence. In thirty-four of these patients albumin appeared in the urine within the first twenty-four hours. The clinical course is best illustrated by the following case of a boy of eight years who, before being sent out, had no albuminuria. During the night after his arrival his urine was, for the first time, both albuminous and colored with blood. In the subsequent three days the albumin disappeared to a mere trace. Albuminuria was noticed twice as frequently in cases that were transferred before the third week of the disease. It is well known that the majority of renal complications in scarlet fever set in during the third week or after.—*Medizinische Neuigkeiten*, No. 17, 1895.

LIME SALTS IN DIABETES MELLITUS.—Dr. K. Grube recently observed three cases of grave diabetes which were greatly improved by ingestion of various salts of lime.

The first, a young man of twenty-five years, who, besides having been treated by Payr, of London, and taken a course of the waters at Neuenahr, and who the writer thought hardly could live through the winter, reappeared the next year in

a quite satisfactory state of health. He had increased nearly nine pounds in weight, felt well and strong, and, excepting constipation, did not suffer from any symptom which could be attributed to the disease. This successful result he attributed to his taking a teaspoonful of powdered egg-shells daily, a remedy which had been recommended him by a diabetic workman, who had been treated, without success, in the London hospitals. The urine on examination was found still to contain 2 to 3 per cent. of sugar, acetone and, from time to time, traces of diacetic acid. In spite of the general amelioration, the disease itself had remained uninfluenced.

In a second case, in a man of thirty years, with a severe form of the disease, the same remedy rapidly improved the general health, increased the weight by over two pounds in three weeks, when the patient was carried off by the gripe.

In a third case of a diabetic of forty-one years, who was very much emaciated and who suffered from considerable weakness of sight, the patient received daily four grains of a mixture of phosphate of lime one part and carbonate of lime seven parts. His general condition rapidly improved, his vision ameliorated and his weight rapidly increased—January, 125 pounds, February, 130 pounds, and March, 143 pounds—though the glycosuria and acetonuria persisted.—*La Semaine Médicale*, No. 29, 1895.

BONE MARROW IN PERNICIOUS ANÆMIA.—Dr. A. G. Barrs, in a case of severe idiopathic pernicious anæmia, where arsenic had been given for over a month in such doses as to produce arsenical paralysis of the arms and legs, the administration of bone marrow caused a rapid amelioration and finally a complete recovery. This remedy was first proposed in England for pernicious anæmia by Dixon Mann, in 1894, who gave it to a young girl with chronic anæmia, a boy with hæmophilia, and to a man with profuse vomiting of blood, all with good results. The writer also adds that in two cases of grave anæmia, as well as in one of chronic chlorosis, where the usual tonics were not borne, bone marrow smeared on bread, was seemingly followed by good results.—*Deutsche Medicinische Wochenschrift*, No. 10, 1895.

SYPHILIS TRANSMITTED BY A STICK OF NITRATE OF SILVER.—Prof. Fournier, in a recent lecture, reported the case of a young soldier who, having a burn on his finger, which was cauterized with a stick of lunar caustic at a military hospital, developed syphilis. The same stick had been used to cauterize mucous patches in the mouths of some other soldiers. When seen seven or eight weeks later he had a chancre on his finger, which was soon followed by constitutional symptoms.—*Bulletin Medical*, No. 36, 1895.

HÆMATURIA IN INCIPIENT TUBERCULOSIS OF THE KIDNEY.—Dr. Routier communicates an interesting case, which goes to demonstrate that, though hæmaturia is generally slight and transient in renal tuberculosis at the beginning, yet, on the contrary, it may be profuse and persistent. A young woman of twenty-eight years, who presented neither signs nor a history of tuberculosis, was suddenly seized, without apparent cause, with hæmaturia, which continued for twelve days. It would appear with appreciable intervals; but only when it was associated with violent pains in the right kidney did she enter the hospital. She was very anæmic and affected by the loss of blood. On examination, sensitiveness to pressure was found in the region of the right kidney; but the organ did not seem to be enlarged. The cystoscope revealed the blood coming from the right ureter. A malignant tumor was diagnosed and the kidney extirpated, which was wholly healthy, excepting a single papilla, where were situated two small tuberculous ulcerations.—*Hospitals Tidende*, No. 17, 1895.

RELAXATION OF THE CÆCUM IN CHILDREN.—Prof. Jules Simon has found relaxation of the cæcum to be one of the most frequent affections of childhood and one which is by no means wholly devoid of danger, as the prolonged retention of fæces in the intestine gradually gives rise to an infection. In the beginning the child complains of headache, inability to study; later it becomes pale, its appetite fails, and both moral and physical development suffer, while the local process is liable to become a chronic enteritis or an appendicitis. It may be diagnosed by palpating the cæcum and ascending colon, where a peculiar doughy and sensitive consistence of the parts will be noticed. He treats it as follows: Every morning a teaspoonful of almond oil, with twenty to thirty drops of castor oil are given; the abdomen is massaged once or twice a day, or the galvanic current, two to four milliamperes, is applied once daily locally. The food must be easily digestible and

well prepared—fish balls, meat well hashed, green vegetables, eggs, soups, bouillon and stewed fruits. Sea baths are contraindicated. Hydropathic measures are, on the contrary, of service.—*Norsk Magazin for Lægevidenskaben*, No. 4, 1895.

BUTTER INSTEAD OF OLIVE OIL IN CHOLELITHIASIS.—Dr. v. Oefele has found olive oil, especially in large quantities, badly tolerated by northern stomachs, and has tried to substitute for it unsalted butter, with good results. It is best taken with a little bread between meals, so as not to interfere with the regular meals. In some parts of Prussia this is an old domestic remedy for jaundice; but it is there thought to act best when nine fleas are mixed with the butter. This latter addition the writer considers superfluous.—*Ibidem*.

GASTRIC CRISES AS INITIAL SYMPTOMS OF TABES DORSALIS.—Dr. L. Wolff communicates three cases of tabes dorsalis where the gastric crises were an early symptom of the disease. In the first case, a man of thirty years, the symptoms appeared eight years after a chancre; in the second, a male of fifty years, the disease was seemingly from a cold while in the third, a woman of forty-six years, who had had two abortions and where the symptoms set in a year after the last. In all three cases the gastric crises were the prominent symptoms of the disease and though characteristic tabetic symptoms were found yet they did not disturb the patient to any extent; the crises lasted for a longer or shorter time and appeared at irregular intervals. The gastric juice showed no hydrochloric or lactic acids with but a slightly acid reaction, no remains of food of previous meals.—*Goeteborgs Lækaresällskapets Föerhandlingar*, p. 33, 1895.

A CAUSE OF SUDDEN DEATH.—Dr. A. Fløystrup was called to a woman of thirty-four years who was found dying upon a stairs with symptoms of cardiac paralysis. The necropsy revealed slight arterio-sclerosis of the aorta which had given rise to a stenosis of the coronary arteries and a fatty degeneration of the heart muscle.—*Ugeskrift for Læger*, R. 5, Bd. i., s. 933.

A CASE OF ŒSOPHAGEAL FISTULA COMMUNICATING WITH THE PLEURAL CAVITY.—Dr. N. Samuelson observed a boy of eleven years who fell sick with symptoms in 1888 that pointed to pus in the right pleural cavity; an incision evacuated about four hundred grammes of purulent fluid. A fistula remained. March 13, 1894, he was seized with violent pains in the chest and fragments of an orange which he had swallowed were passed through the fistula. Later, on several occasions, it was noticed that fluids swallowed came out through the pleural fistula. The coughed up mucus was always mixed with undigested fragments of food. The necropsy revealed the Œsophagus drawn over to the right and it presented a slit about two cms. in length which communicated freely with the right pleural cavity.—Dr. F. W. Warfänge, *Festskrift Tillegnad*, Stockholm, 1895.

TREATMENT AND PREVENTION OF ASCITES.—Dr. N. R. Finsen calls attention to the fact that in many cases it is very difficult to determine and still more difficult to act upon the deeper lying cause of ascites, yet it is the duty of the physician to combat the symptom, accumulation of liquid in the abdominal cavity. This is best attained by regulating and restricting the ingestion of liquid so that not more than four to eight hundred grammes of liquid are taken in twenty-four hours. In experiments which the writer tried on himself he found that the circumference of the abdomen decreased, the subjective symptoms of weight and distress diminished while the quantity of urine increased quite decidedly. The influence of this abstinence may be augmented by purgatives as magnesia, as well as with the use of chloride of ammonia internally.—*Ugeskrift for Læger*, R. 4, Bd. i., S. 890, 903.

FOREIGN BODIES IN THE UPPER AIR PASSAGES.—Dr. Aronsohn recently read the histories of two cases before the Berlin Laryngological Society where the patients had expectorated for years a mucopurulent sputa and where phthisis had been diagnosticated by prominent physicians. The sputa was free from bacilli and there had been no hæmoptoë. Both patients completely recovered after the one had coughed up a piece of bone, the other one of plaster. In such cases he would recommend pulmonary gymnastics with compressed and rarefied air as well as the administration of alkaline waters to favor expectoration.—*Deutsche Medicinal-Zeitung*, No. 40, 1895.

GENERAL SURGERY.

CONDUCTED BY

WM. B. VAN LENNEP, A.M., M.D. AND H. L. NORTHROP, M.D.

TREATMENT OF FRACTURES OF THE PATELLA.—To the mind of Fowler (Brooklyn), the question as to the causes of failure of union by bone and the substitution thereof of a ligamentous connecting band in fracture of the patella is practically settled. They are the same as exist when failure of union occurs after fracture of other bones, *i.e.*, failure of approximation of the fragments, the interposition of soft parts, and the supervention of diseased conditions of the bone itself. In transverse fractures of the patella the first of these conditions is necessarily present, and the second is absent only in those cases in which the injury is the result of direct violence from striking against some hard resisting substance, the floor of the prepatellar bursa being driven sharply against the bone and its fibrous aponeurotic structures divided by the impact.

Briefly and plainly speaking, it must be acknowledged that modern surgery is incompetent to deal radically with this class of injuries, or else its methods must be revised to meet the indications in a radical manner. The struggle must be that of vital resistance against infection of sepsis against sepsis.

It will be generally admitted that in a recent injury the tissues which lie in the immediate neighborhood are more or less impaired in their function through circulatory disturbances and extravasations, and hence are deprived to some extent of their power of vital resistance. To open a knee-joint through such structures is to invite septic processes from the very moment these are divided. Therefore, it is a wise precaution to defer the operation until sufficient time has elapsed to permit these tissues to regain their normal condition.

Fowler, therefore, keeps the parts at rest for from fourteen to twenty-one days, or sufficiently long to permit of the subsidence of the effects of the traumatism upon the surrounding structures, as well as the closure of a possible rupture of the upper recess of the capsule of the joint as described by Riedel. During this period of waiting, the time is advantageously occupied by daily cleansing of the parts with soap and water and the application of gauze compresses wetted with the boro-salicylic solution of Thiersch.

The operation would may be placed transversely or vertically; if the former is employed it commences at inner edge of patella, curves downward to include beneath the flap, the line of fracture, crosses front of lower fragment, and ascends to point opposite that of commencement. This flap is dissected back far enough to expose line of fracture; removal from between the fragments of the intervening mass (shreds of fibrous tissue, blood-clot, etc.), is next accomplished. Care should be taken to expose joint surfaces as little as possible; no irrigating fluid should be employed.

Approximate the fragments as much as possible. One of a pair of fixation-hooks (resembling Maligne's) should now be thrust into the bone at the site of the attachment of the ligamentum patellæ to the lower fragment. The other is to be pushed through the skin and into the bone at the site of the attachment of the rectus femoris to the upper fragment. Draw together and secure the shanks of the fixation-hooks; two or three fine silk sutures may be employed to coapt the edges of the soft parts along the line of fracture. Replace the flap and suture with a continuous subcuticular silk suture. Dress antiseptically, and apply a plaster-of-Paris splint to secure immobilization.

The fixation-hooks are permitted to remain for about three weeks. The patient may recline, or sit, or go about in a wheel chair during the convalescence.

The advantages claimed for this method are as follows:

1. The parts to be operated upon are in better condition, both as regards vital condition and asepis than when the primary operation is done.

2. There is the minimum exposure of the joint surfaces and disturbance of the fragments.

3. The operation can be done in a remarkably short space of time.

4. No foreign suture material is left in the bone to produce caries, or to demand subsequent reopening of the wound and removal.

5. The hooks may be removed, and if the union is not found to be complete or firm, they may be reapplied.

In cases in which the fragments come together easily the hooks may be dis-

pensed with entirely, providing all tissue intervening between the fragments has been removed, coaptation being secured by any of the efficient methods employed in the non-operative treatment of transverse fracture of the patella.—*Annals of Surgery*.

THE SURGICAL TREATMENT OF EXOPHTHALMIC GOITRE.—Tuffier gives an interesting account of a case where surgical interference caused complete disappearance of all symptoms of the disease, which had resisted all other kinds of therapeutic treatment. The patient was a young woman, aged twenty-seven, who had suffered with the malady for seven years, and its beginning was marked by a cystic enlargement of the right lobe of the thyroid gland, which was soon accompanied by severe exophthalmos and the other usual symptoms. Iodine injections, tapping, and electrical treatment were all tried in vain, and the patient became so ill that she could not work, and, in addition, showed signs of distress from the pressure which the enlarged thyroid gland was producing on the trachea. It was then decided to perform partial thyroidectomy, and this was successfully accomplished, with the result that the general symptoms rapidly disappeared, the woman now being in good health and able to work. The exophthalmos also almost entirely disappeared, and no other unpleasant symptoms have followed. Tuffier believes the success of the operation to lie in partial removal of the gland, which he thinks gives better results, both immediate and future, than complete extirpation of the organ.—*The Lancet*.

TREATMENT OF HÆMORRHOIDS.—Roux (Lusanne) advocates what he designates the American method of treating hæmorrhoids, on the grounds of its efficiency, safety and ease of performance. The operation is described as follows: In hospital practice the patient is anæsthetized; in private practice this is frequently not required. After having been placed in the lithotomy position, the two thumbs of the operator are introduced and the sphincter stretched until the tips come in contact with the tuberosities of the ischium. The protruding hæmorrhoidal nodules are each, in turn, fixed at their base between the thumb and index-finger, and two drops of a 50 to 80 per cent. solution of carbolic acid are injected with a hypodermatic syringe into the base or middle portion of each. This is followed by marked swelling and protrusion of the hæmorrhoids. A tampon, anointed with borated vaseline, is then introduced, over which is applied some sterilized cotton and a T-bandage. There is practically no reaction after operation and the pains are inconsiderable. No measures are taken to produce constipation, but the first stool is made easier by injection of a little castor oil. On the day following the operation, the nodules are hard to the touch, only slightly sensitive, and disappear gradually. Private patients are allowed to get up at the end of one to three days, while hospital patients are confined to bed for five to eight days. Unless the patients suffer from constipation, previous preparation by purging is not required.—*Ther. Monatshefte*.

STEAM AS A HÆMOSTATIC.—Snegirew has successfully employed this agent in the following operations: 1. In five cases of resection of the knee-joint, without elastic bands, ligatures or artery forceps. 2. In the extirpation of a cancerous breast, under the same conditions as above; also in the removal of fatty and malignant new growths in the skin. 3. In amputation of the cervix uteri and in fibromyotomy. 4. In resection of bone and in removing sequestra. 5. In abscesses, to render them odorless and to induce rapid healing. 6. In fistule and sinuses, especially when tubercular. There seems little doubt in the mind of the investigator that in steam he has found a hæmostatic of ready usefulness, aseptic, not interfering with primary union.—*Boston Med. and Surg. Jour.*

STERILIZATION OF CATGUT BY HEAT.—Schuller advises the following process for the sterilization of catgut: Take good, dry catgut in loose coils, place in a wide-mouthed glass vessel, cover with oil of lavender, and heat to a temperature of 110 for half an hour in a steam sterilizer. The catgut may be used directly from this oil, or from an antiseptic watery solution.—*Aerzlichen Pratiker*.

STERILIZATION OF THE HANDS WITH MARBLE-DUST.—Wittkowski recommends, for sterilization of the hands, 1 part of common soap, 3 parts of sieved marble-dust, 4 per cent. lysol, and a little wax paste. Bacteriological experiments, after using this preparation, show that it may safely replace all other disinfecting methods, and renders the use of alcohol unnecessary.—*Therap. Monatshefte*.

MONTHLY RETROSPECT OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY

CLARENCE BARTLETT, M.D.,
FRANK H. PRITCHARD, M.D., AND F. MORTIMER LAWRENCE, M.D.

FACIAL PARALYSIS.—Dr. Berlin recently cured a case of facial paralysis from cold, of fourteen days' duration, with aconite 3x and rhus tox. 3x, in alternation. Aconite, he states, affects the motor nerves, so that their functions are either decreased or brought to a standstill. The provers complain of paralytic sensations, which may extend to complete paralysis. It is of especial service in recent cases, with a sensation of coldness, a feeling of the parts as if they were dead and with or without tingling in them, and, above all, if the affection has followed exposure to cold and dry winds.

In rhus toxicodendron the whole symptom-picture is characterized by weakness and lack of muscular strength—from a sensation of paralysis to complete paralysis—and in these states it has been found of excellent service. It has been used chiefly in chronic facial paralysis of a rheumatic origin which has appeared during damp and cold weather, especially where there has been a sudden change from warm to cold and damp weather.—*Leipziger Populäre Zeitschrift fuer Homöopathie*, Nos. 7 and 8, 1895.

AURUM IN SCROFULOUS OPHTHALMIA.—Dr. Dahlke records the case of a boy of 5 years, who suffered from extreme photophobia, profuse lachrymation of acrid tears, redness of the ocular conjunctiva, opacity of the cornea, with formation of phlyctenæ. The margins of the lids were nearly entirely unaffected. But little pain accompanied the disease. Ars., rhus, merc. were of no service. Natr. mur. 30x, one of his chief remedies in the eye affections of scrofulous children, yielded only transitory improvement. Merc. corr. also was vainly given. In the meantime five months had passed. Finally aurum mur., 6x ter die, was administered, and a rapid improvement, with following cure, resulted. He was led to give gold because the mother stated that whenever the child felt worst, it suffered from a congestion of blood to its head. Aurum, as is known, is characterized by thoracic and cerebral congestions.—*Ibidem*.

TREATMENT OF DYSMENORRŒA.—Dr. P. Jousset states the chief remedies to be viburnum, chamomilla, pulsatilla, cimicifuga, hamamelis, caulophyllum, ferrum, coffea and senecia.

Viburnum.—This drug is more indicated by clinical experience than by its pathogenesis. He regards it very highly, and has used it successfully for years in very painful cases. Twenty to thirty drops of the tincture in water, and a dose every hour.

Chamomilla.—One of the most frequently employed remedies. Abundant hæmorrhage, with the passage of clots and excessive pain. Slight chills, vomiting, fainting, diarrhœa. From the third to sixth decimal solution.

Belladonna, though rarely used here, may sometimes be well alternated with chamomilla and in the same potencies.

Pulsatilla.—This drug is generally indicated when the menses appear late and are scanty; the pain is very intense and occurs in the form of a colic, which forces the patient to bend double. The first three dilutions.

Cimicifuga.—A drug which certainly will cause menstrual colic in healthy women. It is especially indicated in those subject to muscular pains, as well as where there is a sense of weakness in the epigastrium. The first decimal trituration.

Hamamelis.—Of service in those with too profuse menses and when hæmorrhoids complicate. The tincture or the first few dilutions.

Caulophyllum.—Drs. Hale and Hughes both regard this drug very highly in dysmenorrhœa. The latter writer thinks that it should be given during the intervals of the menses. Tinctures or first few dilutions.

Coffea.—Excessive pains which drive her to despair.

Ferrum sometimes acts marvellously in chlorotic subjects, and *senecia* is an analogue of *pulsatilla*. *Magnesia carb.* is characterized by cessation of the discharge during the pains. Hence it will be of service in atresia of the cervix; too early menses, profuse and blackish discharge also are characteristics. Sixth to twelfth dilutions. Give all these remedies in warm water, as cold water will aggravate decidedly.—*L'Art Medical*, No. 3, 1895.

KALI BICHR. FOR COUGH AFTER EATING.—Dr. W. I. Pierce reports the case of James S., æt. 40 years. For the past four months as soon as he swallowed food (not liquids) a tickling in the throat excited a severe cough, which stopped only upon vomiting, and was followed by a watery coryza. This was so distressing that he had for the past two months eaten but two meals a day. There was pharyngeal catarrh, with stringy mucus hanging from the naso-pharynx. On April 1st he was given *kali bichr.* 1, a tablet every two hours. Five days later he reported that he had coughed but twice after eating, and had not vomited since taking the medicine. He was kept track of for three months and had no return of the symptoms. No local treatment or adjuvants of any kind were used.—*N. A. Journal of Hom.*, May, 1895.

SYMPHORICARPUS RACEMOSA IN NAUSEA AND VOMITING OF PREGNANCY.—Dr. O. S. Haines records the case of Mrs. X., æt. 33 years. Blonde, stout, amiable, became pregnant with her second child October, 1893. Almost immediately she suffered from nausea, to which was added within the month vomiting whenever food was taken into the stomach. The only peculiarity noticed in her symptoms was the following modality: "As long as I am lying in bed, horizontal and perfectly quiet, I don't seem to feel the desire to vomit." Her appetite was diminished, and occasionally there was repugnance to the sight of food or to the odor of it while it was being cooked. Remedies prescribed by her medical attendant seemed to produce no amelioration; *cocculus, ipec., kreos., nux., petrol., tabac., aletris, ars., bry., euprum arsen.*, were each tried in turn. Her physician supposing that he had exhausted his homœopathic resources gave *ingluvin, cerium oxalate* and *subnitrate of bismuth*. It was expected that after the fourth month of pregnancy was past, she would be free from the nausea and vomiting, but when that period arrived he found her worse instead of better, confined to her bed much of the time. When up and about her room nausea and vomiting were almost incessant. About this time—while the family was discussing the propriety of inducing premature delivery—she was given *symphoricarpus racemosa* in the 1x dilution. Within a few days there was complete relief, so complete indeed, that the lady ceased taking the remedy. Then the symptoms returned and were promptly checked by the same prescription. Whenever the remedy was laid aside, nausea and vomiting reappeared, only to cease on resuming the medicine, and so she continued the remedy until full term of pregnancy was reached, and she was delivered of a very healthy male child. The nausea and vomiting persisted it will be noticed, the entire nine months; the *symphoricarpus* acted perfectly as a palliative, allowing the patient to be up, out, and free from distress. The modality above mentioned is probably a true indication for *symphoricarpus* in nausea and vomiting of pregnancy.—*N. A. Journal of Hom.*, May, 1895.

THE THERAPEUTICS OF GOITRE.—Of the many remedies offered for the cure of goitre, the more prominent are:

Iodine.—Inveterate cases; the harder they feel and the more symptoms are wanting, the more iodine is indicated. Dark hair, eyes, and skin.

Belladonna.—Heat and rush of blood to the head; pain in swallowing; the gland is painful to the touch.

Bromium.—In juvenile subjects with light hair, blue eyes and fair skin.

Baryta Iod.—Often successful after iodine and spongia have failed. Growth soft, large, and rosy red in color.

Calc. Carb.—In scrofulous persons when the growth becomes larger toward the full moon.

Silica Fluoride of Calcium.—Dr. Bellun reports the cure of ten complicated cases with this remedy.

Fluoric acid and *phytolacca* have each been used empirically with good results, it is claimed.—*The Clinique*, May 15, 1895.

LEMNA MINOR IN RHINITIS ATROPHICA.—Mr. Thomas L. Shearer recommends *lemna minor* in cases of atrophic rhinitis where the crusts and the muco purulent discharge are very abundant, with fetor. Its action is wonderful, but it must not be administered in too low a dilution, as it then produces a sensation of intense dryness in the pharynx and the larynx. Possibly, if it were exhibited in a much higher dilution it would be applicable to cases which have only a slight amount of discharge. It seems best to stop the remedy as soon as its action upon the secretions is marked, and then to wait a while before returning to its further employment. Dr. Cooper, of London, was the first to investigate the action of *lemna minor* upon the upper air-passages, but it is not known that he has tried it in cases of atrophic rhinitis. There is a great future for this new addition to our therapeutic resources, and it certainly deserves further investigation. It modifies the secretions to such an extent that we can more readily improve the condition of the nasal chambers with the aid of local measures. Whether it has the power to prevent or even retard the actual process of atrophy remains to be seen.—*Hom. Eye, Ear and Throat Journal*, May, 1895.

CUPRUM IN PSORIASIS.—Dr. Mackechnie records the case of Kathleen S., aged 10, a school girl, who had for two years suffered from psoriasis. There were patches on elbow and knee, the latter being in a ring. They were covered with dry crusts, and the usual pink areole surrounded them. Her bowels were regular and general health good. He ordered *cuprum metallicum*. In a week there was no improvement, the patches having lost their areolæ, and one or two had come off and were not being renewed. *Cuprum* was continued. Next week there was still further progress effected, but some swelling and tenderness of cervical glands had appeared. For this *rhux tox* was ordered every night, a dose of *cuprum* every morning. Next time the glands were normal, and the psoriasis nearly well. *Cuprum* was continued alone. The following week—a month after commencing treatment—she was cured.—*Monthly Hom. Review*, May 1, 1895.

RHUS TOX. IN ADENITIS.—Mackechnie notes the case of Sarah L., aged 14, who had for a long time been troubled by enlarged and often painful cervical glands. She had now pain in axillary glands also, and they were swollen. She was well in other respects, appetite good and bowels regular. *Rhus tox* was ordered. In a few days the pain and swelling disappeared, and she considered herself well. Eighteen days after her first attendance she returned, with a renewal of pain and swelling in the glands (probably from cold?) and with sore nostrils. *Rhus tox.* was repeated, and she soon reported herself well; the swellings had gone, and the patient did not return.—*Monthly Hom. Review*, May 1, 1895.

PROVINGS AND CLINICAL OBSERVATIONS WITH HIGH POTENCIES.—By Malcolm McFarland, M.D. Philadelphia: The Homœopathic Physician 1894.

In this work, a reprint of a paper which originally appeared in *The Homœopathic Physician*, the author records the results obtained by him with potencies varying from the 200th to the 10,000th. Apparently, very striking results have been obtained; but as one reads that *sacch. lact.* c.m., "caused dizziness, nausea and occasional vomiting; after taking the medicine for a week urine became scant and dark," he cannot but wish that it were possible to separate that which is *post hoc* from that which is certainly *propter hoc*.

THE ACTION OF KALMIA LATIFOLIA.—At the meeting of the British Homœopathic Society Dr. Lambert read a paper on *kalmia latifolia*. He considered the most striking point in the pathogenesis of the drug to be the pains which affect all parts of the body, usually of a transient nature but sometimes very severe and persistent. They usually affect a large part of a limb at once, or several joints and shift their situation rapidly. This last peculiarity is most characteristic. The action of the drug on the various systems of the body was considered in full, and clinical evidence in support of the various suggestions was introduced wherever possible. The paper was one that does not bear condensing.—*Monthly Hom. Review*, May 1, 1895.

THE ACTION OF FLUORIC ACID ON THE VEINS.—Before the British Homœopathic Society Dr. Washington Epps read a paper entitled "Acidum Fluoricum: Its Action on the Veins, with Cases of Varicose Veins and Ulcers." He remarked on the paucity of symptoms in *fluoric acid* in the *Cyclopædia*, bearing on varicosis, though some might be ascribed to venosity in its earlier stage. He summarized Dr. Hering's proving of the drug, and next discussed the allied remedies *pulsatilla*, *hamamelis*, *sulphur*, *tycopodium*, *carbo vegetabilis* and *carduus marianus*, entering very fully into their distinctive actions. Then followed a series of most instructive cases. He concluded with the remark that *fluoric acid* has a most direct action on the tissues of the veins causing more or less marked symptoms of venosity and varicosis. These would possibly have been more definite had the provings been continued for a longer period. That the remedy has a definite curative value when given medicinally in spontaneous corresponding cases, and that the cases of varicosis that are benefited by the remedy appear always to be very chronic—not dependent on pressure above nor on disease of any of the abdominal organs, but simply from changes in the veins themselves. Lastly, that under the 6th dilution the remedy aggravates, and that it acts most satisfactorily in the 12–30th centesimal.—*Monthly Hom. Review*, May 1, 1895.

AN ANALYSIS OF STRAMONIUM.—In the *New England Medical Gazette* for April, 1895, Dr. J. Emmons Briggs publishes a critical analysis of stramonium, based upon ten provings and twenty-nine poisonings as recorded in the *Cyclopædia of Drug Pathogenesis*, vol. iv., p. 135 to 169 inclusive, together with a case of poisoning by *datura talula* reported by himself. He decides that we are safe in concluding that the administration of stramonium would be followed by a condition approaching irritability, fanciful or furious delirium, with shrieking, moaning and incoherent speech, stupor, headache, vertigo, dilatation of pupils, dryness of nasal passages, mouth, tongue, and throat, difficult swallowing, flushed face, nausea, thirst, incontinence of urine (possibly retention), dyspnea, quickened and weakened action of the heart, rapid pulse, rigidity of muscles, convulsive twitching of extremities, convulsive movements of the hands, with grasping after imaginary objects in the air, staggering as if intoxicated, with possible inability to stand, weakness and restlessness, red, hot, or cold skin, perspiration, itching, drowsiness, fever, or chilliness.

ACTEA IN PREGNANCY.—Dr. George Royal says that if engaged in advance of expected birth he gives actea 2x or 3x for two or three weeks before confinement, even if there be nothing abnormal. He kept a record of 250 cases for the express purpose of noting the difference between labors where medicine had been used and where it had not. He paid especial attention to duration of labor and severity; and although somewhat disappointed, still there was a marked difference in both time and severity, the difference in time being more marked than that in severity.—*Hom. Journal of Obstetrics, Gynecology, and Pedology*, March, 1895.

COLCHICUM IN RHEUMATISM.—Dr. E. P. Colby refers to those subacute forms of rheumatism in which the results are alike discouraging to physician and patient. There are manifestly diverse groups of symptoms calling for various remedies, but one of the groups comes so markedly under the symptomatology of *colchicum*, and clinical experience is so satisfactory, that it can be administered with no small degree of confidence. *Colchicum* would seem to be peculiarly adapted to persons who have an inherited or acquired tendency to the gout dyscrasia. These patients, when an attack is present or impending have a peculiar odor of the breath, which seems also to be present in the bodily exhalations, and cannot be described, but once recognized is not readily forgotten; it is heavy, aged, and decidedly offensive.

The rheumatic symptoms of *colchicum* are briefly as follows: the small bones are mostly attacked, *i.e.*, the hands and feet, but during a prolonged seizure there are also areas on the shoulders, arms, legs and thighs; in the lower extremities, however, more commonly confined to the knee and ankle joints. A joint feels lame and painful; upon palpation there is an exquisitely tender spot probably not larger than a twenty-five cent piece, the tender spot being not nearly as large as the area of pain and tenderness. There is constant pain which is made worse by exercise of the part, and the pain is increased rather than diminished by continuation of the motion.

The swelling is not great and the redness does not amount to more than a

bright pink blush. In a short time the opposite joint is affected, without necessarily an improvement in the first. With the pain there is a sense of weakness, almost of paralysis, in the member to which the joint belongs. Atmospheric influences are keenly felt, the pains being much worse in a damp east wind. The warmth of the bed does not seem to relieve the pains. Even while not suffering from an attack these subjects are likely to have stiff muscles.

After using the remedy in various attenuations Dr. Colby is convinced that satisfactory results are obtained only by the administration of very material doses. For a long time he used the tincture made from the dry root or seed and with such poor results that all confidence in the remedy was lost; but fortunately learning that there was an English wine of colchicum made from the fresh root by Morrison, of London, a specimen was procured from a reliable firm, and he has used this preparation for some ten or twelve years with a conviction that if relief did not follow there was a fault in the selection of the remedy.—*New England Medical Gazette*, March, 1895.

THE THERAPEUTICS OF CYSTITIS.—In conjunction with appropriate local treatment, Dr. N. C. Kemp suggests the following internal remedies:

Apis mel.—Useful in cystitis brought on by the use of irritating drugs; in albuminuria during the desquamation of scarlatina; morbid irritability of urinary organs; burning in the urethra as if scalded; frequent, scanty, bloody urination, strangury.

Belladonna.—Hypogastrium painful to pressure. Dull pressing in the vesical region during the night. Very frequent desire to urinate; diminished urine.

Cantharis.—Violent tenesmus vesicæ, and strangury; painful discharge of a few drops of bloody urine; urging to urinate from the smallest quantity of urine in the bladder; burning when urinating and when not.

Equisetum.—Dysuria, especially in women; the bladder feels tender; constant desire to urinate, and the passing of large quantities of clear, light colored urine without relief; the urine on standing shows excess of mucus.

Chimaphilia.—Chronic cystitis; large quantities of muco-purulent material in the urine.

Eucalyptus.—Incontinence; dysuria; catarrhal cystitis.

Mercurius corr.—Hæmaturia; painful, difficult urination; filaments of flesh like bits of mucus in the urine.

Consult all benzoic acid, hydrastis, lycopodium, sepia, buchu and uva ursi.—*The Clinique*, April 15, 1895.

LACHESIS IN SCIATICA AND JAUNDICE.—Dr. Bird records the case of a strong healthy laborer, aged 35 years, who had been working some months during the summer in sewers, when he was seized with severe double sciatica. He could walk well except during the paroxysms of pain which occurred every fifteen or twenty minutes, lasting about two minutes, and were most agonizing. There was extreme tenderness to touch over the course of both great sciatic nerves. The general health was good, and tongue was clean, but his motions were very dark and offensive. *Mercurius* was prescribed, but without effect, when in a day or two, distinct icterus developed and in twenty-four hours became very pronounced, the motions now being colorless. On the third day the case seemed to resemble one of acute blood-poisoning, especially affecting the liver and great sciatic nerves, and on these indications, the pain being severe and almost constant, *lachesis* 6, which also matched the subjective symptoms, was prescribed, a dose every fifteen minutes. In the first hour after commencing *lachesis* there was only one slight attack of pain. The next day there was freedom from pain, and even from tenderness over the nerves; the jaundice also had diminished. Patient, however, complained of an extraordinary pain at the back of his neck, as if he had been suddenly struck there. This he felt several times; it was so instantaneous and real that he accused his wife of having struck him. *Lachesis* was therefore stopped, but in a few hours pain in legs began to return. Patient was then advised to endure the discomfort in back of neck, and to continue *lachesis*. In a week the jaundice had gone, pain in legs disappeared, and all other symptoms were permanently relieved; patient appearing in his usual health again. There has been no return of the sciatica.—*Monthly Hom. Review*, April 1, 1895.

HYDRASTIS IN CHRONIC GASTRIC PAIN.—Dr. Bird reports the case of a woman, æt. 52, who had passed the climacteric, and who had suffered for some years from

pain in the pit of the stomach after all food. Pain was most severe, extending through to back; at times everything taken was vomited, and there was marked cachexia. This condition was so severe and intractable that although no actual tumor could be felt, it was believed that the symptoms arose from cancerous stricture of the pylorus. It was therefore resolved to try *hydrastis* 8 gtt. i., ter in die. This gave speedy relief; patient's general state improved; the cachexia and pain diminished. Discomfort was still experienced after food, so *hydrastine hydrochlorate* 2x was substituted. This last kept the pain in abeyance. For the past two years these remedies have been constantly resorted to, and always give relief when the pain recurs, as it does occasionally, though in a mild form. The general health remains good.—*Monthly Hom. Review*, April 1, 1895.

THE COUGH OF RUMEX CRISPUS.—Mr. J. P. R. Lambert notes that in studying the pathogenesis of *rumex* we find a number of thoracic symptoms, but cough occurs in only five out of eleven provings in the *Cyclopædia*. Thoracic pains, on the other hand, are noted more or less by eight provers. These pains have a decided affinity for the left side of the chest, and are variously described as acute, piercing, cutting, transient stitches, fine stitches in substance of left lung, and also as burning or stinging on left side. The left-sided pains may be ameliorated by lying on the painful side (like *bryonia*), and aggravated by lying on the right side, and also by deep inspiration, for which, however, there is a desire. The commonest site of the pains is in the region of the left nipple and below the clavicle. There may also be an aching in the anterior part of the lungs, also a sensation of rawness in the throat and smarting in the larynx. The cough is described as hacking, or, in one case, as dry and spasmodic, occurring in paroxysms. It is excited by tickling sensation or irritation, either in the suprasternal notch or behind the upper or middle part of the sternum, or it may be felt only on the left side of the sternum. It may be induced by lying down or turning from the back on to the side, or by riding in the open air. The tickling behind the sternum is the chief characteristic.

C. Dunham gives as the keynote for *rumex* increased sensitiveness of the mucous membrane of the trachea, so that cold air, any irregularity in breathing, or deep pressure on the trachea, etc., excites cough. So great is this sensitiveness that the patient covers his mouth with the bedclothes at night to prevent inspiration of cold air. These must be clinical indications, but we have had opportunity of verifying the latter recently.

Several remedies need to be compared, principally *hyoscyamus*, *phosphorus*, *causticum*, *conium*, *lachesis*, and possibly *veratrum alb.*

Hyoscyamus acts more on the larynx, producing huskiness and a dry spasmodic cough, induced by irritation in the region of larynx and throat. The cough is aggravated by lying down and ceases on sitting up. Apropos of this symptom, *ferrum* and *manganum* have the opposite effect, and *hyoscyamus* often relieves a cough which is not improved by sitting up.

Conium is very similar in its action, with this peculiarity, that the cough occurs very prominently on first lying down.

Causticum acts on the larynx also, but its action extends downwards to the bronchi. The hoarseness may amount to complete aphonia, and is always marked. It has also a peculiar sensation of not being able to cough deep enough, and that a deeper cough would shift some obstruction.

Lachesis also acts more on the larynx, and has the characteristic of great sensitiveness to touch and pressure on the larynx.

Phosphorus produces a tickling in the larynx and hoarseness, but has a more prominent action on the pulmonary tissues and smaller bronchi. Like *rumex*, it produces a tickling behind the sternum, if anything lower down, and a marked tightness of the chest, which does not occur with *rumex*. It has also more expectoration; but though *rumex* in the provings produces but little, we have found it beneficial when there has been a good deal. So the presence of expectoration does not necessarily contraindicate *rumex*, other symptoms agreeing.

Veratrum alb. has been mentioned because it has the symptoms of deep hollow cough, with tickling in the remotest bronchi.

There are two symptoms peculiar to *rumex* which have not been mentioned: first, a sensation of a tight thread round the neck just below the ears; also a streak of soreness down the left side of the sternum.

Causticum has similar symptoms in the middle line.—*Monthly Hom. Review*, April 1, 1895.

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LATENT LITHÆMIA.

BY A. K. CRAWFORD, M.D., CHICAGO, ILL.

(Read before the American Institute of Homœopathy, Newport, R. I., June, 1895.)

It is generally conceded that the masked form of gout may be inferred in individuals who have never experienced an acute paroxysm, but whose various ailments yield to a treatment for gout. This may be found in those who are hereditarily inclined, but who live temperately; hence it is the form most often found in women. However obscure the case may be, if the heredity is found or the former habits are such as to have predisposed the individual, or if slight articular tenderness can be made out, then the diagnosis admits of little quibble.

But these are not the circumstances attending the majority of Americans whose ailments class them as lithæmics. They have no antecedent history of gout; they are not, nor have been particularly high livers; they have no renal disability, neither have they any articular tenderness nor concretions on the bones or tendons of the joints. They suffer from gastric or intestinal dyspepsia, flatulent or acid, bronchitis, asthma, cardiac palpitation, cystitis, prostatitis, nephritis, conjunctivitis and various skin affections, and a form of post-pharyngeal catarrh, none of

which will answer to treatment until the lithæmic element is considered and given precedence.

The nervous system suffers not less than the visceral, as is evidenced by neuralgias, trigeminal, sciatic and intercostal, also by hypochondria and melancholy, varying from slight depression to profound psychic disturbances. The fact is, that the nervous sphere is the one most out of joint according to the belief of the patient. When suffering thus he is not so active in his business, his work is more arduous to him, he is afraid that his intellectual force is waning, and he is more easily exhausted by either mental or muscular employment. He does not direct your attention to the kidneys, for he is not aware that anything is unusual there, nor does he appreciate that his digestion and assimilation are not perfect.

The majority of them do not present a thin and scrawny appearance, but, on the contrary, have rather a well-kept look. Still they do not stand close scrutiny, or if subjected to it, convey the idea that they are not in perfect health. They are not bilious looking nor jaundiced, but their complexion and eyes lack life, and the skin inclines to an earthy hue.

There are but two means of examination that I know of, whereby these cases can be unravelled; the examination of the blood, and the examination of the urine. The latter is the more ready, requires less time and trouble, and is equally reliable. The specific gravity of the urine is always high, from 1026 to 1036; is dark in color, markedly acid, and may or may not have the addition of bladder mucus and epithelia. Notwithstanding the high specific gravity there is no trace of albumin nor of sugar, but the proper tests show the presence of abundant urates and free uric acid. The latter under the microscope appears as single or conglomerate crystals of irregular shapes, and of dark brown or almost black hue.

When the physician has set his mind upon finding this abnormality in the kidney secretion in such a patient as has been described, he is occasionally disappointed. I have seen several cases of this stamp lead up to the discovery that oxaluria was nature's mode of expressing imperfect metabolism. This is none the less satisfactory, for having found the "key-note," the physician has no more difficult task to right the matter than in the case of discovered latent lithæmia.

We can form no positive opinion of the morbid anatomy of latent lithæmia. The opportunities for making an examination must be necessarily rare. Even in more pronounced cases of gout the internal changes are but poorly determined. The visceral organs may or may not be inflamed. The dura mater, the roots of the spinal nerves and the neurilemma of the peripheral nerves have only occasionally been found to be invaded with uric acid and urate of soda deposits. Lightning pain from nerve compression and the symptoms of peripheral neuritis may thus be accounted for. But the deep-seated constitutional dyscrasia which precedes these manifestations, and which may after long years of unhygienic living be induced, or may have been transmitted to the patient by heredity, must have its source in some more occult change in the economy. I am more and more convinced from the study of these cases, particularly in their latent form, that coarse visceral lesions do not originate nor perpetuate this state.

Several years ago J. Mortimer Granville advanced the idea of the existence of a uric acid nervous centre either eliminative or destructive, which is located on the floor of the fourth ventricle, probably not far from and in relation with the so-called diabetic and polyuric centre. No other hypothesis, it seems to me, will account for the numerous psychical phenomena and the limited visceral pathology which the disease presents.

If it will not occupy too much time I would like to cite a case in point which does not differ materially from many others which have received benefit from the same treatment. This case has but one unique feature, and that is that I have never seen the patient, and, therefore, the statements made are vouched for in his own handwriting. In this instance the description is more than usually lucid because of the patient's medical education.

Mr. E. H. C., aged 53 years, weight 197 pounds. Until five years ago had lived an active life, walking, driving and horse-back riding; weight kept from 175 to 190 pounds. Since then he has led a sedentary life, eating heartily and taking no exercise; increased in weight until he reached 230 pounds. Then he noticed his food souring on his stomach, sometimes in fifteen minutes after eating. After a time a dull, heavy pain commenced in his abdomen in the umbilical region, especially

after stool. This produced a sense of weakness with depression of spirits. The weight of clothes against the stomach was ill tolerated, although deep pressure caused no tenderness nor soreness. Borborygmi and belching from stomach was frequent, but not offensive. During this spell his weight reduced from 230 to 197 pounds, and on subjecting himself to some exercise his appetite returned; he slept better, but the weak feeling in the bowels and stomach remained. The ascending colon and small intestines seemed full some days, as if distended with gas. He had no headache, no thirst, pulse 66 to 70, tongue clean as usual, bowels regular. Urine non-albuminous, but high-colored and leaves quite a sediment after standing, sometimes coloring the vessel reddish; urates predominant; total quantity of urine about normal. No soreness at any point over stomach or bowels on pressure; anything sweet taken in the mouth leaves a sour taste.

Reports that he is now pretty careful about his eating and takes regular exercise; drinks a good quantity of sweet milk, about three pints a day; avoids rich and greasy foods, but gets exceedingly hungry for something good to eat; some aching at times under his right shoulder blade. No family history of gout, no deposits on tendons or cartilages; no arterial hardening; never drank whiskey, beer nor anything of the kind, nor coffee, rarely tea. Diet has been corn bread, wheat bread, a little lean beef, oysters, oyster broth, hominy, sweet milk and avoids water.

Nearly a year later he reports: "I have not gotten entirely rid of my trouble, yet am very much better in many respects. Reduced in flesh to about 170 pounds, sleep elegant, good appetite, my strength has returned, take long walks and horse-back rides, no headache nor dizziness, food does not sour, urine most of the time normal. I stopped taking the medicine for quite a time because feeling so well."

His treatment had been the uricæmic diet, Carlsbad salts, *plumbum met.* 6x and exercise. I mean by the uricæmic diet the avoidance of fats, starches, sweets and the allowance of plenty of lean meat, mutton, poultry and fish, together with green vegetables, whole wheat bread and an abundance of water, preferably alkaline in character. The *plumbum met.* was the regular constitutional remedy during the whole of that year, with an

occasional intercurrent dose of *berberis* or *chelidonium* to increase hepatic action.

After taking the *chelidonium* for a time the patient reported that the aching about the shoulder-blade had disappeared, the flatulence had diminished, the bowels kept in pretty good condition, ate well, slept well, thin in flesh for him, but could take a three-mile walk without tiring. Then he reported a recent discovery, viz.: that he was troubled with nasal catarrh. Probably had it for some time, but never noticed it particularly until now. It seems to be confined to the nose; no pain, no soreness. At times the discharge from the nose is considerable, rather thin and watery, but non-irritative. Some discharge likewise from the posterior nares into the throat; latterly it has become slightly offensive. This is an indication that the lithæmic condition still hovers over the patient and suggests a corroboration of what might be adopted as a dictum, "once gouty always gouty."

The presence of a lateritious deposit in the urine is no criterion of its increased formation in the system. Neither is the absence of such a deposit a sign of a diminution of the product. The visible brick-dust precipitation is due to the temperature and acidity of the urine and is totally irrelevant to the amount originally present in solution. Warm, neutral or alkaline urine favors free solubility of the amorphous urates, so that this presence is neither an instance of increased production nor of excretion. In pronounced gouty subjects the stage of its diminution in urine has been found to coincide with its increase in the blood; the lessened quantity in the urine being due rather to insufficient renal secretion than to lessened production.

These are the reasons why Lehman's experiments with animal and vegetable foods are no longer held worthy of guidance in practice. We do not now feed the gouty or lithæmic subject on vegetables to the exclusion of meats. There is no doubt that vegetables are a great boon to this class, supplying the system as they do with alkaline soda and potash salts. But taken alone they do not furnish the nutriment necessary for the sustenance of the body; neither is the ultimate digestion sufficiently perfect to secure a healthy product. The absorption of bi-products of imperfect digesting is in itself a sufficiently large subject for a whole treatise. Perfect digestion, perfect

absorption, perfect assimilation and perfect metabolism of broken down tissue are the ends in view in the treatment of these cases and this perfection cannot be attained by the adoption of a fast nor by starvation. When reducing the weight of an obese gouty subject the strength must be conserved and augmented with every pound of flesh lost. There can be no doubt that the increase or diminution in production of uric acid, accords with perfect or imperfect nutrition.

As for the use of waters, it is not by neutralizing the excess of uric acid that these alkaline waters act, it is by their influence on the general nutrition whose function they regulate. A good rule is to prescribe the waters for the plethoric patients whose nutritive functions are below par, and proscribe them to thin weakly patients especially if the bowels are easy.

I make no claim to having "discovered America" nor to being the first one who recognized the similarity between lead poisoning and lithæmia. This similarity exists only in the chronic effects of plumbism and of gout. So much the better for its homœopathicity, for gout is chronic likewise. The action of lead not only presents a picture of fully developed arthritic gout but also in its subacute stage answers to the symptoms found in the subjects I have been discussing, viz.: those suffering with latent lithæmia. Garrod tells us that as many as one in four of his hospital cases of gout had been lead workers and likewise that in many lead-workers who had no apparent signs of actual gout an excess of urates was found in the blood. In two cases to whom he had administered lead indirectly, the effect was a notable diminution of the amount of urates eliminated.

As chronic lead poisoning commonly induces nephritis and as a consequence the defective renal action allows the accumulation of urates in the blood, it is still an open question whether the kidney disease is the first effect and the gout a sequence or the gouty condition precedes the renal affection. It has been experimentally proved that the introduction of lead into the system interferes with the excretion of uric acid. Under the combined influence of lead and alcohol when imbibed in the form of wine, beer or cider, the symptoms of gout are developed even among patients whose diet has not been extravagant and who have had abundant exercise in the open air.

Hillier-Perry in his medical work has a long chapter entitled, "Gout from Lead." Garrod, Charcot, Olliver and Lancereaux also point out the frequency of saturnine gout. Lead gout is accompanied like ordinary gout by the uric acid diathesis and this diathesis results from the interstitial nephritis common to lead poisoning and hinders the elimination of uric acid. In the case of a color grinder recorded in our *Drug Pathogenesis* the urine was amber color and threw down a copious brick-dust deposit. In another case, a house painter, the urine was free from albumin, sugar or lead and was generally natural but occasionally loaded with a dark brown sediment. And a woman who had been poisoned by drinking cider prepared in lead-lined vessels, passed urine which was scanty and thick, but non-albuminous.

Besides the presence of abundance of urates and uric acid which is so frequently noted as a secondary effect in lead poisoning the mental symptoms of depression, nervousness, and debility are likewise there; also the alimentary symptoms of indigestion, flatulence and stasis of the intestines, the hepatic symptoms of congestion and inactivity, and the sub-icteric complexion.

Moreover, the crucial test of its adaptability to lithæmic patients has been proven many times over clinically. The proper quantity and quality of water, food, and exercise are necessary hygienic measures, but the one remedy, potentized and homœopathic, which fully and completely covers and cures these lithæmics is *plumbum*.

THE DISAPPEARANCE, DIMINUTION OR IMPROVEMENT OF INOPERABLE ABDOMINAL LESIONS AFTER EXPLORATORY LAPAROTOMY.

BY T. L. MACDONALD, M.D., WASHINGTON, D. C.

(Read before the American Institute of Homœopathy, Newport, R. I., June, 1895.)

ALTHOUGH this subject possesses considerable interest at the present time, it is practically confined to the clinical field. So far as I know, no text-book even touches upon the subject—it seems to be without a place in literature. I wish it to be understood at the outset that by the term abdominal lesion, I have reference

only to tangible physical lesions and not to the expressed affection of the hysterical or highly imaginative patient, because these latter are of sufficient frequency and are sufficiently easy of explanation to rob them of any special interest. Of course, the writer is aware that he is impinging somewhat upon the domain of gynecology, but the major portion of the lesions referred to belong to this bureau, and in either case the question involved is the disappearance rather than the variety of the lesion. To be brief, only such lesions as may be classed under tumors and peritoneal tuberculosis will be considered. The first case is as follows:

Mrs. W., æt. 39, married and a multipara. Her father died of carcinoma of the rectum at the age of 53.

History.—I saw her first on October 20, 1894. About seven months ago she began to complain of distress in the abdomen and pelvis which became intensified, until she was compelled to remain in bed.

Condition When Examined.—There was an elevated temperature—evening rise and morning drop—violent pain in the abdomen with extreme distress from continual rectal and vesical tenesmus. The abdomen was much distended, not very sensitive, the greater portion giving a flat percussion note. In the left hypochondrium a hard, irregular and unyielding mass could be felt. For the rest, the abdomen seemed to be occupied by a soft fluctuating mass. The finger in the vagina revealed the uterus fixed and unyielding, and bulging downward into both retro- and pre-uterine space were hard, irregular and immovable masses. They could likewise be felt with the finger in the rectum which they severely impinged upon and almost occluded. No decision as to the nature of the growth was reached except that a portion of it was believed to be cystic. On the 22d, I introduced a catheter and the cystic element in the case rapidly disappeared. Several pints of urine were drawn off, affording considerable relief. The hard mass could still be felt in the left hypochondrium and the bulging in both rectum and vagina remained the same. We were now about decided that the growth was a carcinoma. There was no improvement for the next few days and an exploratory laparotomy was advised and readily assented to. The husband was informed that lesions might be found which would not permit of

removal, in which case the operation would be terminated by closing the abdomen. It was distinctly explained to him then that such an exploration had more than once been followed by a disappearance of the disease and might possibly do so in this case.

On the 26th we operated, with gas anæsthesia. A four-inch incision was made through the linea alba. It was expected that extensive adhesions would be met with in entering the abdomen, but to my surprise neither adhesions, bowels, nor omentum presented. I had simply cut into a large cavity containing nothing but a distended bladder. The cavity reached from one iliac crest to the other, and from the pelvis to the ensiform cartilage. Its floor was about two inches below the abdominal wall in the median line, but was elevated in the left hypochondriac region, and it was this which we had felt as the hard unyielding mass. The floor was as dense and hard as a book-cover and upon this rested the distended bladder which flattened and shaped itself out, conforming to the outline of the cavity. A catheter was passed, the bladder emptied and the whole cavity could then be viewed. What was to be done? It was evident that everything within the abdomen had become fused—not a vestige of recognizable anatomy was in sight. It would have been hazardous to cut through a dense floor as presented, nor would it have been justifiable inasmuch as there is nothing to remove in the case of general intestinal fusion. So the abdomen was closed and the patient placed in bed without a sign of shock. She was none the worse for the operation and complained bitterly because she was kept upon a laparotomy diet.

November 4th I removed the stitches and found the wound healed perfectly. The temperature gradually dropped to normal and in a few weeks the patient had assumed her household cares. In May, 1895, about six months after operation, I made a careful examination, but all signs of the former lesion had disappeared. The uterus was freely movable and bi-manual palpation failed to reveal any nodule or growth either within the abdomen proper or within the pelvis.

Mrs. B., æt. 43. Has borne several children. She noticed a swelling in the abdomen nearly a year ago (May 30, 1891). There was more or less pain, especially when moving and at night. The pain and swelling increased constantly till at the

present time she is confined to the bed and has lost considerable flesh. Examination revealed a hard, immovable tumor just above the pubis and extending laterally in about the position occupied by the broad ligament. The finger in the vagina finds the uterus as firm as a rock. The sound enters the uterus only one and one-half inches. The sound in the bladder meets irregular obstructions as though the bladder walls were impinged upon. Tentative diagnosis, uterine sarcoma; prognosis grave on account of belief that general peri-infiltration existed, especially of the bladder.

July 10, 1891. Operation. The abdomen was opened by a median incision four inches in length. The tumor was found fixed and immovable, was made up of uterus, the whole of the broad ligament and bladder. The sound in the bladder and finger in the abdomen showed that the bladder and tumor were practically one—the sound seemed to pass into the tumor. The growth was likewise firmly fixed to the sacrum. The abdomen was closed.

Post-operative course was eventless. She was dismissed in two weeks, and reported at office November 3d, about four months later, and not a vestige of the tumor was discoverable. The uterus was found freely movable. She feels perfectly well, and at the last report her general health was as good as ever in her life. Similar cases have been reported as follows:

	Tumors.	Peritoneal Tuberculosis.
Dr. J. K. Lee,	1	2
Dr. W. T. Helmuth,	1 (disappeared in 10 mos.).	
Dr. D. G. Wilcox,		1 (well 3 years after).
Dr. G. F. Shears,	1 (well 3 years after.)	1 (well 2 years after).
Dr. L. A. Phillips,		1 (entire relief).
Dr. C. M. Thomas,	3 (well several years after).	
Dr. J. W. Ward,	6 (perfect recovery).	6 (perfect recovery).
Dr. Horace Packard,		(?) 2 (well 8 and 10 yrs. after).
Dr. W. B. Van Lennep,		3 (recovery).
Dr. T. L. Macdonald,	1 (well 4 years after).	1 (well 6 months after).
	13	17
Total,	. . . . .	30

In each of these cases the question was asked: "Was there any post-operative medicinal or other form of treatment which, in your opinion, might have had an influence upon the subsidence of the growth?" And in each case the answer was "No."

Of course, tumors of the uterus have frequently diminished or disappeared after ablation of the ovaries or ligating the ovarian arteries, sometimes after pregnancy, taking part in the normal uterine involution, or they may break away and disappear by absorption, or pedicular tension or torsion may cause obstruction of circulation and consequent atrophy or degeneration or necrobiosis. They also often decrease with the menopause, but *not* always, and we have no more right to assure a patient that a fibroid will disappear after the climacteric (because they sometimes do) than we have to assure her that it will disappear after an exploratory laparotomy, because this latter procedure also is known to cause an occasional lesion of this kind to disappear. All such have been excluded from the above table.

It is interesting to call attention to the uterine myoma reported by Dr. Lee. He kindly followed up the case for me, and received the following from Dr. Couch:

FREDONIA, N. Y., February 23, 1895.

DEAR DOCTOR LEE:

It affords me pleasure to answer yours in reference to Mrs. B. (Sheridan, N. Y.). I sent her to you for an explorative laparotomy. The date I cannot give. The operation was performed; the tumor could not be removed, on account of the extent and nature of its adhesions, and after the proper time she returned home. For perhaps a year I prescribed such remedies as appeared to be indicated, with a gradual improvement in her general health. Meantime, an obvious diminution in the size of the tumor became apparent. It continued until, at the last time I saw her—say two years ago—only the least possible nodule could be found. Since then she has continued in excellent health, and had full charge of her household management. I consider her cured—not by remedies, but by that peculiar metamorphosis which, it is now proven, sometimes follows explorative laparotomies.

Yours, of course,

ASA S. COUCH.

Copy.

DEAR DOCTOR MACDONALD:

This tumor extended to a point about an inch above the umbilicus, and filled the pelvis. It was immovable and covered with coils of intestines, which were intimately united with the growth. I made an exploratory incision four inches in length, but made no attempt to separate any of the adhesions.

Yours very truly,

J. M. LEE.

It would be unjust not to mention some cases of similar lesions which I excluded from the above list for various reasons. Some because of the after-treatment which might appear

to have had some influence upon the diminution of the growth, and others because they could not be called cures.

The following have reported cases relieved :

Dr. J. W. Streeter, tubercular peritonitis,	6.	Improved for from 6 mos. to 2 yrs.
Dr. W. E. Green,	"	2. Temporary improvement.
Dr. L. A. Phillips,	"	1. Improved.
Dr. J. M. Lee,	"	4. "
Dr. W. B. Van Lennep,	"	3. "
Dr. Horace Packard,	"	" (?) 2. Well 4 and 6 yrs. after.

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A notable peculiarity which pervades these reports is the tendency to retract the diagnosis made at the time of operation, and to try to belittle the achievement.

Dr. Packard reports two cases in which he discovered, during the course of an operation for some other abdominal lesion, suspicious growths in the wall of the intestines. I take it that at this time he believed they were carcinomatous. He did not then interfere with them. One of them he has had under observation for six years, without any manifestation of bowel lesion. He says: "I infer, from the lapse of time, that it was non-malignant." The other case developed stricture of the bowel a few months after his discovery of the growth. There was almost complete intestinal occlusion, and operation was necessary. He opened the abdomen and performed a lateral anastomosis without removal of the growth. He adds: "Two years have now elapsed, and she is in perfect health; hence I infer that that also was non-malignant." In one other case he discovered what he believed to be miliary tuberculosis studding the peritonæum in all directions. In another he found what appeared to be extensive tuberculosis of the abdominal viscera. But time seems to have lent doubt to his diagnosis, as he now questions their tubercular character.

The growth which Dr. Helmuth now classes as a fibroid he believed to be a sarcoma at the time of operation.

Dr. C. M. Thomas says, in regard to the three cases reported :

"My first impression in each case was that they were malignant, but such diagnosis was, of course, abandoned on the disappearance of tumor. A fibro-plastic tuberculosis might, I suppose, produce such a condition, though I have really never reached any satisfactory explanation of these cases."

In my own case, the tumor which I believed to be a sarcoma I now believe to have been a myoma, and the second case, which I thought a carcinoma, I now regard as tubercular peritonitis.

It will be perceived that I have made no attempt to do otherwise than present a few facts and a few figures—all drawn from members of our own school. Theories and conclusions being absent, this presentation may be regarded as merely suggestive. It is hoped, however, that this introduction, together with the individual experiences of those present, may concentrate sufficient knowledge of this subject to give it a place somewhere in surgical literature.

THE THERAPEUTICS OF DISEASES OF THE SPINAL CORD.

BY CLARENCE BARTLETT, M.D., PHILADELPHIA.

(Read before the American Institute of Homœopathy, Newport, R. I., June 22, 1895.)

WHILE the study of the therapeutics of diseases of the spinal cord, like that of all questions relating to the amelioration and cure of diseases of the nervous system in general, is one which seems barren of practical results, there is, nevertheless, considerable of value in our present resources, limited though they are. The great majority of cases (I might say practically all) of the diseases under consideration belong to a class generally considered as incurable, and, indeed, very often incapable of any great degree of amelioration. Ofttimes their natural course is a progressive one from bad to worse. The pathological changes on which they depend consist in the main of degeneration and chronic inflammation with increased connective-tissue formation—changes usually serious and irremediable when occurring in any portion of the body. I say nothing of functional spinal troubles, because experience teaches that when spinal symptoms arise from functional disturbance they constitute but a part of a general nervous depravity. They must, therefore, be considered as general nervous diseases.

Bearing in mind, then, the progressive character of the lesions in organic diseases of the spinal cord, it is not surprising to observe, on the one hand, an almost complete lack of enthu-

siasm in their treatment, and, on the other, an equally insane craze for therapeutic fads guaranteed to cure each and every case.

The lack of enthusiasm is natural. We cannot attain our ideal; therefore, we lose courage. Nevertheless, here lies a mistake. In the examination of each case it is essential to determine at once what result can be secured by the treatment, and that end kept steadily in view. The means adapted to that end must be employed perseveringly. Under no circumstances is it possible to attain results as promptly as in the case of acute disorders; improvement can only be measured by months. No error is more frequently committed by the practitioner accustomed to the management of acute ailments than that of expecting results within a short time. They are altogether too apt to abandon as useless an admirably-arranged plan of medication and mode of living for another not by any means as well suited to the case.

Fads constitute the resources of the mentally astigmatic. They all have some foundation in fact. The mistake in their application arises from erecting a tenth truth into a whole truth. They are rarely, if ever, followed by men of well-rounded medical education. The "faddist" strikes me pretty much as did the physician of whom the lamented Farrington was wont to tell in his lectures. This man discovered that he was deficient in his knowledge of pathology and decided to remedy the evil. He finished the chapter on inflammation and then was called to see a patient. He never resumed the study; but ever afterwards every ailment with which he met was "inflammation." Fads are innocent; and fads are dangerous. The former serve to amuse patients and keep hope alive. Of the latter the least said the better. They become the more dangerous as they are practised by men of ability and eminence. No better example of this statement can be found than the many serious results resulting from indiscriminate use of tuberculin and testicular juice.

Notwithstanding the pessimistic views with which I have prefaced this paper, I cheerfully admit that, as a matter of experience we all observe many cases of organic spinal cord disease which have been greatly benefited by judicious management. In such instances, however, it is hardly likely that the

treatment has remedied the destructive changes in the cord, but rather that it has corrected other difficulties which have exercised a bad influence on the main trouble. Thus cases improve on the relief of a renal inadequacy, enfeebled heart or anæmia. Still others attain a result that is tantamount to a cure by attention to general nutrition or the removal of a constitutional dyscrasia as syphilis, gout or lithæmia. Some cases are greatly aggravated by indiscriminate drugging, which needs only to be stopped to give the patient a chance for his health. Every case of spinal disease—as, indeed, of any disease—must be considered not only from the standpoint of the pathological changes involved but also from that of the general condition of the patient. The therapeutic measures must be directed to both and must include attention to every hygienic detail as well as to the administration of remedies.

Of hygienic measures I mention rest first, because it is the most frequently neglected and the least understood. Were it otherwise, there can be no question of the fact that organic spinal diseases would give much better results than they do at present. In acute spinal affections, or in those of an evident inflammatory origin, the value of this agent is unquestioned; especially so, because of the manifest relief the patient experiences when at rest. It is different with chronic troubles, however. It is altogether too common an impression that the proper course is persistent exercise, oftentimes urged to the extent of exhaustion. It is now becoming an accepted belief among neurologists that prolonged rest in bed in the early stages of such degenerative diseases as locomotor ataxia, spastic paraplegia, etc., is of great value—improving the gait, lessening pain, and staying the onward progress of the disease. There can be no question that much of the good done by the many surgical operations recommended for the cure of these conditions is the direct result of the absolute rest in bed and the general care given the patient.

If rest has its advantages, it has its dangers. It has been urged as inadvisable, by competent authority, because of the passive spinal congestion it favors. This objection is easily overcome; for the patient's comfort will be best served if he is permitted frequent changes in position. The value of rest has been discredited because it has been employed in cases to

which it is eminently unsuitable. As a good rule for general guidance, the absolute-rest treatment may be adopted in those cases which are manifestly aggravated by ordinary exercise or exertion, or in which general nutrition is poor. The presence of pain is an additional indication for rest. Rest has also been discredited because of improper care of the patient while in bed. It is not necessary for me to insist upon the fact that the long-continued maintenance of inactivity, while the patient is eating freely, will produce digestive disturbances, more or less serious. This is certainly obviated by regular and systematic massage at the hands of a skilled masseur. I say "skilled masseur," because skilful massage and not "mauling" is necessary. This should be employed every day at a definite time, and for a period of about one hour. Under the combined use of rest, good feeding, and massage, general nutrition improves; nutrient materials are assimilated, and effete ones are eliminated; the influence exerted on general and local diseases is self-evident.

The prescription of rest must be individualized in every way. Sometimes absolute rest is unsuitable, while rest of a particular part of the body is essential. Cases of this character are easily recognized.

Sometimes the essential elements of absolute rest fail of recognition. An example of what I mean is found in the management of acute inflammatory affections of the cord. As already stated, these patients are forced to keep to their beds. But their quiet is greatly disturbed by injudicious applications of electricity, prescribed with no other object in view than that of appearing to be active in giving relief to the patient.

In some cases, rest is the most beneficial if carried out for a definite period and at a specific time each day.

In still others, it means rest from the usual cares and worries of life, or retirement from active business competition. In these latter, mental rest is an important desideratum.

Some cases do well on mild exercise; but such should be carefully watched, and the exercise carefully supervised. Especially, should the exercise be such that it can be practised in the open air.

To the cases benefited by exercise belong the old cases of acute poliomyelitis anterior. The pathological process has run

its course. The damaged nerve-tissues need stimulation to activity. It is important, however, that the parts whose functions are the most damaged should receive the greatest attention.

Massage has another function than that of a means of maintaining nutrition during a period of absolute rest. It is invaluable in all cases—I would place it far above electricity—in which muscular atrophy exists.

As to electricity, itself, when employed it should be administered by the physician himself, and not left to the hands of the attendant or nurse. In most cases, both central and peripheral applications are required. To give specific descriptions as to its indications and methods of application is impossible in the limited time at my disposal.

Sexual hygiene is always an important matter; especially, in those who have been addicted to excesses, and in patients with abnormally great desires. In every case it is important that the influence of the sexual act be studied carefully, and indulgence regulated accordingly.

As to the use of heat and cold locally applied, there is little to be said at the present time. The chronicity of the affections under consideration is such that these agencies, valuable as they are in many other disorders, are not of much practical use. It seems to me that improved apparatus for the long-continued maintenance of heat at an even temperature will be of great value. This suggestion, however, is purely theoretical, and has no foundation in experience. As a means of treating special symptoms, heat and cold have their indications, which are well known.

The special symptoms of spinal disease to which attention is frequently necessary are bed-sores, urinary incontinence, and pain. The great difficulty in treating and preventing bed-sores arises from an ill-defined feeling that they are the result of supernatural influences. There can be no greater mistake. They are produced by long-continued irritation and pressure. They may be surely prevented by keeping the patient and his bedding cleaned, and seeing to it that pressure is not kept up too long on any one spot. In some cases a water-bed is essential. When bed-sores do occur they must be treated on sound surgical principles. They require no special dressings of hypo-

thetical occult powers, as cranberry or starch poultices, mild galvanic currents, etc. Like all sores, they must be kept clean; sloughs must be removed; they must be protected from pressure; and the dressings used must be such as are employed in other indolent ulcerations presenting like objective conditions.

As to the urinary organs, no symptom is more distressing than is the incontinence which accompanies the advanced stages of many spinal cases. It is very apt to be followed by cystitis or pyelonephritis, which eventually brings about a fatal issue from exhaustion or uræmia. These cases are best treated by absolute cleanliness and clean catheterization. If the urine is decomposed or purulent, washing out of the bladder with boracic acid solution is invaluable.

As to the medicines to be employed in spinal cord affections, there are not very many whose value has been attested. *Belladonna*, *aconite* and *gelsemium* are useful in inflammatory conditions because of their known value in such processes in general. The salts of silver and gold are the most valuable in the majority of degenerative conditions. The nitrate of silver in particular is the remedy best adapted, symptomatically and pathologically, to locomotor ataxia, in which disease it is acknowledged to be of use by the physicians of all schools. It seems to be of less value in other chronic spinal affections.

The gold salts have always enjoyed a good reputation in the treatment of diseases characterized by connective-tissue formation. Hence they are useful in sclerosis of any portion of the nervous system. I have been accustomed to prescribing a 1 per cent. solution of the double chloride of gold and sodium, giving from three to five drops three or four times daily. I do not think it as valuable in locomotor ataxia as is the nitrate of silver, nor is it symptomatically indicated in that affection.

Lathyrus and *ergot* are two remedies which, from the symptoms they produce, should prove to be valuable in the treatment of spinal affections. The former has produced an exact counterpart of spastic paraplegia. While I have used it in a few cases, I am not satisfied that I have ever seen any benefit from it. Reports in English homœopathic literature do not seem to be any more flattering than my own results. *Ergot* has produced phenomena simulating those of locomotor ataxia most

closely. Notwithstanding this, the remedy has never been used by homœopaths in the treatment of this disease. It is used by some old-school authorities, with whom it is a favorite remedy in all chronic spinal affections. Its use in physiological doses has been condemned by Bartholow because of its ability to produce an arterial anæmia and venous fulness in the spinal canal.

The reputation of alumina as a spinal remedy is based largely on the writings of Bœnninghausen, who employed it in the treatment of a number of cases of ataxia. I have used it in a couple of instances with good results.

Arsenicum is a remedy acting not only on the spinal cord itself, but on general nutrition. It is suited to acute and chronic inflammatory conditions of the cord, attended by burning and lancinating pains. The general restlessness and the anæmia characteristic of the remedy are invaluable indications.

Plumbum is probably the best remedy in cases characterized by marked muscular atrophy. It is useful particularly in the late stages of acute poliomyelitis, and in all stages of progressive muscular atrophy.

Causticum is a paralytic remedy well adapted to acute poliomyelitis after the subsidence of the acute inflammatory symptoms.

Iodide of potassium is the great remedy in the treatment of syphilitic spinal affections. It must be given in large doses in order to secure its best effect. I do not think as much of it in the treatment of locomotor ataxia as I once did. In many cases it produced good results, but they were no better than could have been secured by other means. But in syphilitic inflammation of the spinal membranes or tumor of the cord or its coverings, the results attained by it are often astonishingly good.

I might mention numerous other remedies, with their indications, in a general way, but time forbids. It is only necessary here to refer to the well-tried rhus, phosphorus, strychnia, iodide of arsenic, and ferrum.

CROTON TIGLIUM produces profuse, watery, yellowish-green diarrhœal discharges whenever the patient eats or drinks, gushing out like water from a hydrant.

A CONTRIBUTION TO THE STUDY OF THE CLINICAL USES OF CACTUS GRANDIFLORUS AS A CARDIAC MEDICINE.

BY EDWARD R. SNADER, M.D., PHILADELPHIA.

(Read before the American Institute of Homœopathy, Newport, R. I., June, 1895.)

I HAVE been using cactus grandiflorus as a cardiac remedy for about seven or eight years, more or less extensively. I was originally led to its frequent use by the presence of purely symptomatic indications, apparently calling for the drug. My knowledge of the symptomatology of cactus at that time was confined solely to the sensation of an "iron band" about the heart; and, frankly, my knowledge of the mere word, symptoms of the drug, is no more extensive now than it was in the early days when I first began its somewhat extensive use. I was first led to investigate the medicine by the rapid relief following the administration of cactus for the amelioration of the "iron-band" sensation, and by a desire to know more about the drug's power. Having little confidence in the symptoms of the drug as laid down in the *Materia Medica*, because most of them bore internal evidence of having been interpolated, I began to use the drug empirically in various classes of cases, including particularly heart weakness and cardiac diseases, with the intention, if possible, of determining its exact sphere of action.

I find, at this late day, that it is not yet possible to define, with precision, the limitations of usefulness of the drug, *i.e.*, it is impossible to define with positiveness the exact sphere of the action of the "night-blooming cereus," and hence my paper is justly entitled simply a "Contribution to the Study of the Clinical Uses of Cactus Grandiflorus as a Cardiac Medicine."

I began the employment of the drug therapeutically with the assumption that the medicine acted as a cardiac "tonic," so-called. This assumption was a "working" hypothesis only, however. Some such preliminary presumption was essential to proper investigation. Now, the idea implied by the word tonic differs greatly in different minds. Most medical men, I opine, believe a tonic is a drug that very quickly shows results.

They believe, too, that such rapidly, and even brilliantly, achieved results, are followed almost certainly by a deleterious reaction. In other words, a tonic shunts you to the top of the hill of health, and toboggans you down again ultimately, leaving you sprawling helplessly at the bottom of the decline. I can perhaps better tell you what sort of a tonic cactus *is*, by telling you what sort it is *not*. Cactus is not, as a rule, with few exceptions, a quickly acting and quickly reacting drug. It acts, so far as my individual clinical experience goes, as a real nutrient to cardiac tissue. It is not a drug capable of producing theatrical results. In the vast majority of instances, it is slow acting, and I have never yet witnessed a deleterious reaction—or an aggravation, if you please. When it does work, it works well, and is not followed by a period in which the tired heart resents the whip applied to it. If the true meaning of tonic is understood, “as a medicine which has the power of acting slowly and by insensible degrees,” then cactus is pre-eminently a tonic. I wish to make it very clear, indeed, that cactus is not a heart “whip,” in the ordinary sense; not a drug to use for a quick decisive action; not a power you can summon to do instant work. Cactus must have time to act. Given time, it does not produce showy effects, but works slowly and smoothly. It is not often a thorough-bred, quarter-stretch sprinter, but a homely, reliable pack-mule, in a therapeutic sense.

In cases of sudden, acute heart-failure, in the acute diseases, cactus is not to be trusted as having sufficient rapidity of action to be of real service. I would not trust it, for instance, in the overwhelming, but quickly subsiding, heart-failure of croupous pneumonia. Such is my experience with the drug when administered by mouth. I have never given it hypodermatically, and can, therefore, express no opinion of value concerning its effects administered in that manner. From my knowledge of its action given in the usual manner, however, I should distrust its power to produce rapid results, even if it were introduced directly into the circulation. Cactus, it seems to me, pets, but never drives, the heart into better action.

There is a special sphere of cactus, however, that I do not think is so well occupied by any other drug having a distinctively direct action on the cardiac apparatus, and that sphere is the

very incipieny of heart-failure, in both acute and chronic diseases, and in general as well as in cardiac maladies.

Take, for example, the case of a sufferer from chronic Bright's, whose heart begins to show signals of distress, in pain, palpitation, pressure, in the region of the heart, with evidences of slight venous congestion everywhere, with a little cough, with a little shortness of breath. Here, where you do not deem it wise to drive the heart, and yet recognize that the remedial measures must be directed to the key to the situation, the cardiac apparatus, the proper adjuvants, and cactus may often assist you in re-establishing cardiac competency.

Take again, a case with typhoid symptoms, and you note the first flickerings of the dawn of cardiac failure, and you know that the heart and other tissues are degenerated, and your case has still some time to run, and you dare not draw too heavily on the heart's reserve stock of strength, with cumulative drugs. Here, cactus may avert a grave form of cardiac failure.

In not a few instances of beginning rupture of compensation in valvular disease of the heart, where it is inexpedient to drive the heart too briskly, where indeed, it is requisite that a blow for health must be struck, but you dare not use the sledge-hammer power of the older cardiac tonics, for fear of losing all in the reaction, cactus often acts admirably. I have seen a number of cases in which compensation has been successfully re-established by the persistent use of cactus in material doses.

I often give cactus in cases of either acute or chronic diseases characterized by a relatively feeble heart action, the cardinal signs of serious cardiac incompetency being absent; in other words, where the circulation is not carried on in the level of the par of health, and the heart has not grossly declared its oncoming bankruptcy, although there are circumstances of grave heart-failure in which I would have more confidence in cactus than in other drugs. I trust this statement will render sufficiently clear the sphere of cactus in cardiac incompetency. Cactus will smooth the ripples on the river of disease, but will not quell the towering swells of the sea of disease disaster, that is, if it is imperative that the swells be *at once* subdued. It may, however, prevent the river from becoming part of the sea.

While testing the virtues of cactus as a tonic, I have not lost sight of other possible uses. Its slow and steady action, performed without any untoward symptoms whatever, caused me to think that possibly the drug possessed soothing qualities that might be utilized in quelling the perturbations of an unruly heart. Cactus most certainly, in a fair proportion of instances, when the heart is muscularly sound and its action in no wise weak, quiets the turbulency of functional over-activity. I hesitate to denominate this action of cactus as sedative. Correctly, if not popularly, the term sedative, as employed technically, implies a depressing action. Most certainly cactus is not a depressant. It acts as a sedative in the sense that it quiets turbulency, and saddles and bridles the heart that is prancing and plunging like a wild horse and makes it move along sedately and serenely. The drug does this, my experience teaches me, without in any manner reducing the working strength of the heart. Cactus, then, acts upon a strong heart, as well as upon a weak one. Cactus not infrequently reduces the number of heart beats per minute in cases where no irregularities of rhythm are discoverable. In irregularity it has seemed to me to be more efficient than in the control of intermittency. Further experience, however, may lead to a revision of this view. In ventricular asynchronism, dependent upon functional aberration of the cardiac apparatus, cactus is not at all comparable in power with other drugs, notably gelsemium. While not a reliable drug in the asynchronism of mural degenerative processes or in rupture of compensation from arterio-sclerosis or valvular disease, I have certainly noted better results in re-establishing cardiac rhythm than in the purely functional form.

The periods of immunity from asynchronism, were of relatively brief duration. I must record, however, that in all the instances in which I have noted the improvement the cases were of the gravest character, and all ultimately terminated fatally—cases, indeed, that were beyond the power of any cardiac tonic to save.

What the earlier administration of cactus would have achieved can only be conjectured. My opinion, perhaps unwarranted, is that had the medicine been administered early and often, it might have prolonged life, but would not have proven radically

curative of the underlying conditions. Cactus is not often a miracle-working medicine; it is of the same warp and woof as other therapeutic fabrics. It has its power, and it has its limitations.

While reasonably convinced of the efficacy of cactus as a tonic to a weak heart and a soother to a strong one I am still in doubt as to the exact extent of its power to subdue pain. Although it has frequently relieved pain in the cardiac region, of various kinds, its action in this sphere is by no means magical or certain, and will hardly make of itself a socially equal travelling mate with *spigelia* in the therapeutic sphere of pain-killer.

I have prescribed cactus so many times that I fear, should I even attempt to approximate the number in cold figures, I should be accused of being a lineal descendant of Baron Munchausen, and one worthy of the blood relationship, too; I have, however, given it many, many times in my attempts to secure therapeutic results, as well as to assist me in defining its exact field of usefulness and developing its clinical possibilities; but I have only *three* times met the symptom of the iron band around the heart, and only once was I able to remove the sensation with cactus. It is true that, constructively, I have believed this symptom to be present in a few cases in which the fact of the sensation was not so classically expressed as in the *materia medica*; but I can only report variable results in the removal of it. I wish to make one practical point here. Had I waited until I found the symptomatic sensation to lead me to prescribe cactus, I should certainly have only used the medicine about ten times in ten years, and I should have missed the golden opportunity of saving several lives and of prolonging others; and besides, you would have missed the opportunity of criticizing this attempt to describe the sphere of a drug from an empirical basis.

Verily, there is a great deal more in a drug than is shown by symptoms. Symptoms are the silhouettes that shadow the shades of systemic states, and certain conditions of light are necessary to throw the dim outlines within the ken of your mental eye. But, grasp your ghost, and lo! you find he is natural substance. So with drugs. Mere symptoms but

shadow the wonderful power that lies hidden beneath. I make no apology, therefore, for my empirical prescription of a drug whose few recorded symptoms I regarded as unreliable, and whose drug power I believed to be but feebly expressed in the *materia medica* schema.

Without a knowledge of any known physiological provings on animals, by which I might judge of its possible sphere of action, nothing was left me but to empiricise, to observe, to erect working hypotheses, and to collect clinical data from which, at some future time, a rationally prescribed field of usefulness for cactus might be outlined. There is one condition in which cactus is king of all the cardiac remedies, so far as my experience up to the present goes, and that is, where the heart is feeble and the vessels are atheromatous or in a state of arterio-sclerosis. Here, ordinarily, unless the heart weakness is appalling, and the least of two evils, do-nothingism or death, confronts you, the routine cardiac tonics are positively contra-indicated. If cardiac force be applied to the stiff arteries too rapidly, they may rupture, with all the dire consequences of hæmorrhage—cerebral, most likely. Atheroma or arterio-sclerosis is not a contraindication for the administration of cactus; in fact, it is a strong indication for its employment. I have given cactus grandiflorus—in material doses, too—to people so old that their arteries were as stiff as a pipe-stem, the heart also participating in the senile change, for periods varying from six months to two years. The drug has been given continuously, and with benefit only. Cactus is pre-eminently the heart tonic of the atheromatous and the arterio-sclerotic. A very natural inquiry, indeed, will be: Have you noted any bad effects from the use of cactus? Is it cumulative in its action, like digitalis? Does it lead to nausea? I can give a very positive “No” to these interrogatories, so far as my individual experience goes. Cactus has never betrayed a cumulative action, although I have frequently administered the drug in enormous doses. It has not caused nausea so far. I have never noticed a *decided* diuretic action from its use, nor have I found critical discharges. I do not recall a single instance where an aggravation was produced, nor where any complaints were made as to unpleasant side actions. This seems like a very

strong statement, but it is the only one I can make in all candor. When I gave big doses of the medicine, I watched closely for ill effects, but could find none. The medicine often fails signally to do any good whatever, but it does not cause any unpleasant or dangerous symptoms. One must be cautious in deciding that cactus is not doing good, for the drug proceeds so slowly to its work, and makes no decided demonstrations of its power, that you are apt to conclude that it is of no service whatever. I have often withdrawn the medicine because, apparently, it was not fulfilling my expectations, but have again resumed its use because I dared not use a more powerfully acting drug, and have ultimately found good results.

Two side results are occasionally observable after the administration of cactus—notably, better sleep and an increased appetite. The desire for food is less often seen, however, than is the better sleep. I have several times been requested to return to “cactus” by patients, because they slept better. In three of my patients—all sufferers from valvular heart disease—a single dose of five drops of the first decimal will give them a comfortable night’s rest, when, without it, they would toss restlessly all night long. I presume the basis for the sleeplessness in these cases is some disturbance in the central circulation, which it is in the power of cactus to control, through better heart action induced by its use.

A medicine that is an effective side partner of cactus is pulsatilla. Unquestionably, to my mind, these two medicines are charmingly complementary. I often stir the one up with the other; they seem mutually to increase each other’s action. An accidental alternation of the two drugs led to this clinical find, and I have often utilized it since. Cactus, acting on the arterial side of the heart, is materially aided by pulsatilla, which pre-eminently affects the venous side.

As to dosage, I have given the medicine from the 3x potency up to thirty-five drop doses of the tincture. I have also used the fluid extract in varying dosage, but believe I secure better results with the tincture than with the apparently stronger fluid extract. My customary start-off dose is five drops of the first decimal dilution. If this does not ameliorate, I go at once to five-drop doses of the tincture, which is really my favorite

method of administration, and with which I have produced my best results. I have no hesitation in continuing the use of the drug independently. I recall one case in which it was given daily for a period of time extending over two years and a half. Nothing of decided advantage can be gained from the administration of the drug for brief intervals, except in cases of functional palpitation, where it sometimes quickly subdues the paroxysm.

One of the most marked clinical features of cactus is the fact that it seldom increases the arterial tension to a noticeable degree. In many instances where its effect was most beneficial I have not been able to determine an appreciable increase specifically in the arterial tension alone. It is true, I have found a much better pulse with succeeding examinations, but I have not been able to satisfy myself fully that it was not an increase in the volume of blood solely that led to the improvement in the character of the pulse. I have frequently been upon the point of concluding positively that cactus did not increase arterial tension; but, extensive as my observations have been, they do not warrant me in dogmatizing to the extent of assuming as an established fact of clinical value, that cactus does not increase the arterial tension. It was the tentative assumption that the drug did not elevate the arterial tension, however, that led me to the successful employment of the drug in cases of arterio-sclerosis and atheroma. The theoretical assumption has led to some happy practical results.

I shall content myself in discussing the probable effects of cactus upon the walls of the bloodvessels, with the warranted assertion that cactus grandiflorus does not increase the arterial tension proportionately to its power of increasing the strength of the cardiac systole, and that it does not increase the resistance to the finger on the pulse nearly as much as the other more familiar cardiac drugs. This presumed fact is of the greatest possible practical value in making a prescription of the drug.

Cactus I have found of considerable service for the ill-effects of tobacco on the heart and system in general. While of undoubted value in this sphere of therapeutics, and is particularly applicable to cases characterized by violent attacks of palpita-

tion, with but little irregularity of cardiac rhythm and a minimum of digestive disturbance, the drug is not nearly so successful in this limited field as is gelsemium, nux vomica and ignatia.

I endeavor to distinguish practically between the four drugs named in tobacco neuroses about as follows: Gelsemium suits particularly where there is decidedly more irregularity and intermittency of cardiac movement than is found in cactus, and under the former remedy the pulse is more voluminous and softer. In other words, gelsemium has, in my opinion, more vaso-motor paresis than has cactus. Nux vomica is not nearly so suitable as gelsemium for this class of cases. The nux vomica has more digestive disturbance, more general nervous symptoms, and the radial pulse is weak and lacks arterial tension. The vaso-paresis of nux vomica is far greater than under gelsemium, and nux is better suited to long-standing chronic cases, with aggravations night and morning, than either the yellow jasmine or the night-blooming cereus, but the nux vomica is not nearly so successful as the gelsemium in producing rapid results. Ignatia is comparable with cactus in only a limited sphere of its action, *i.e.*, in its power to quell cardiac turbulency, and its ability to make more demonstrable the muscular element of the first sound of the heart. The ignatia has a predominance of hypochondriacal symptoms, and there is vaso-motor paresis, as under nux vomica, but there is a greater tendency to variations in arterial tension, and sometimes almost spasm of the arterial coats. Ignatia, too, is better suited than any of the four drugs mentioned to the combined ill effects of both chewing and smoking.

Another use of cactus has been of most signal service to me, and that is in assisting me to get a heart over-whipped by the usual cardiac tonics down to a safe basis. For instance, if I am summoned to a cardiac case, where the previous attendant has played his last card in the game of life, that is, has given digitalis until the arteries are like pulsating cords of steel, trusting, perhaps, that in some inscrutable way the Physician Beyond the Clouds will avert the approaching cumulative action of the drug, and miraculously save his patient, I find cactus of inestimable value. If you stop your digitalis at once, your

patient will die in a few hours. If you lengthen the intervals between the doses of digitalis, and interpolate cactus to take its place, in many cases you are able to dispense with the cumulative foxglove in from twenty-four to forty-eight hours. If you can see, then, any shadow of a ray of hope that such a cardiac case may have even a fighting chance for life which the digitalis was fast removing by sapping and mining the heart's irritability, you have a fair field before you to try the effects of cactus or other less dangerous drugs or remedial measures. Under circumstances such as I have just described, I have used as much as an ounce of the tincture of cactus in twenty-four hours. In some of these cases, already in the shadow of the wings of the Death Angel, I have succeeded in prolonging life, and in two instances that I readily recall to memory have re-established cardiac compensation.

You will ask me, I know, what are your indications for cactus. I have mentioned that the only specific word symptoms of cactus referring directly to the cardiac function was the sensation of the "iron band," and I have shown you that I have relieved that symptom once, and failed twice; consequently, I do not place much reliance upon it as a guide to the selection of the drug. Nor have I developed any new and more reliable symptoms to assist in pointing me toward its selection as a cardiac medicament. While investigating the remedy on my individual responsibility, and without knowledge of its possible physiological or pathological effects, I was compelled to form a basis for a prescription from a series of negations. I had to force a place for it among better known drugs, by attempting to make cactus fill in the weak points of other medicines.

My first assumption is that cactus may be indicated in the early stages of any form of heart-failure, where instant relief of pressing and dangerous symptoms is not imperatively demanded.

My second assumption is that cactus may be called upon in many kinds of secondary failure of the main organ of the circulatory apparatus, where a cardiac tonic must of necessity be long continued.

My third assumption is that cactus may be called for in heart incompetency when there exists arterio-sclerosis or atheroma.

My fourth assumption is that cactus may be the drug I need in a case of weak heart, where I do not want the back-acting increase of arterial tension of digitalis; nor the vaso-motor stimulation of strychnia, or the vessel paresis of glonoine.

My fifth assumption is that cactus may be of service when I simply want to increase the power of the ventricles to propel the blood normally, without necessarily altering the conditions of the nervous apparatus or the blood-containing vessels.

My sixth assumption is, that cactus having empirically shown a certain degree of usefulness in cardiac therapeutics, is to be given a trial where other medicines fail, or where it seems wise to resort to mild measures at the outset with a drug that has no history of cumulative action or injurious after effects.

My seventh assumption is that cactus may be of value in functional disorders of the heart where other medicines are not specifically indicated.

My cardinal presumption, however, is the assumption that this series of negations is of more value in the selection of cactus as a therapeutic weapon than the scarcely-ever heard of sensation of the iron band.

Guided by these negative symptoms, I have prolonged life in cardiac cases much longer than I had succeeded in doing by other measures. I have cured four cases of cardiac dropsy, have relieved numberless cases of bronchitis secondary to valvular disease, have re-established compensation in a goodly number of cardiac cases, have ameliorated a few cases of heart pain, have relieved cardiac dyspnœa countless times, and have ameliorated many of the by-symptoms in different portions of the body due to defective circulation.

I cannot as yet define why or how the drug acts, in the absence of lethal experiments on animals. At present I assume that cactus acts directly upon the heart muscle itself as a specific nutrient tonic. This, too, is only a theoretical assumption for purposes of further study, and may soon require revision. I simply present this paper as my contribution to the subject, being perfectly willing to be revised and re-edited by the development of further clinical facts and experimentation. I am only an humble worker in a vineyard that is full of vines, some apparently dead, some full of leafy life. Only the future can tell the nature of the fruit.

Let me briefly summarize a few of the main points that I have attempted to bring to your attention;

1. Cactus is a drug the powers of which are not as yet fully known.
2. It is apparently a nutrient tonic.
3. It acts best in the incipency of cardiac incompetence.
4. It is not to be relied upon as a quick-acting and decisive heart spur in times of imminent peril.
5. It apparently does not materially increase the arterial tension.
6. It seemingly exerts a slow but specific influence on the cardiac muscle itself.
7. It is indicated in arterio-sclerotics and the atheromatous.
8. Its posology is unsettled. Apparently large doses are tolerated.
9. It does not seem to produce cumulative effects.
10. It seems best indicated when other cardiac tonics are contraindicated.
11. There has not been discovered clinically any reliable guiding symptoms for its therapeutic employment.
12. All these conclusions are simply tentative, and require further corroborations.

I have appended to my paper a list of sixty-eight cases to whom cactus was prescribed during the last year and four months in the heart and lung department of the Hahnemann College Hospital. A study of these cases may throw some further light upon the action of the drug, and its ability to remove symptoms directly and not directly referable to the cardiac sphere. They have been taken directly from the regular case-book, and are subject to the criticism of possible mistakes in observation or of too great enthusiasm on the part of patients. There are plenty of relieved symptoms here; but, before they shall be accepted as positive symptomatic indications calling for the drug they should be confirmed over and over again. I believe that clinical indications require elaborate criticism and frequent confirmation.

Date. 1894.	Disease.	Dose.	Effect.	Symptoms Removed or Relieved.	Symptoms Unalleviated.
March 15.	M. R.	ø 3 gtts.	Can't say.	Patient did not ret'n.	
March 19.	M. R.; A. S.; A. R.	ø 3 gtts.	Good.	Dyspnœa, dry cough, pain in left mam- mary region, flashes of heat.	Sweat, constipation.
March 28.	M. R.; A. S.	ø 3 gtts.	Entire re- lief.	Dry hacking cough, pain in right mam- mary region, dysp- nœa from any un- usual exertion.	
April 5.	M. R.	ø 3 gtts.	Can't say.	Patient did not ret'n.	
April 6.	M. R.; A. S.	ø 3 gtts.	Good.	Palpitation, soreness, constriction.	Nervousness.
April 13.	M. R.	ø 3 gtts.	Did not re- turn.		
April 13.	A. S.	ø 2 gtts.	Did not re- turn.		
April 30.	M. R.; marked.	ø 3 gtts.	Partial re- lief.	Cough, with pain in region of heart.	Wheezing at night, hands cold, soles of feet burn, head- ache relieved some- what, weakness and trembling.
May 2.	M. R.	ø 3 gtts.	Did not re- turn.		
May 2.	Emphysema, M. R.; A. S.	ø 3 gtts.	Did not re- turn.		
May 7.	M. R.; A. S.; di- lated aorta hy- dropericard- ium.	ø 5 gtts.	Decided re- lief.	Dyspnœa, pain in l. chest, palp, ner- vousness, insom- nia, poor appetite.	
May 12.	Fatty heart.	ø 4 gtts.	Good.	Vertigo, vomiting, headache, dull pressure in region of apex.	Constipation.
July 9.	M. R.; A. R.; A. S.; M. S.	ø 3 gtts.	Fairly good.	Epistaxis, irregular, scanty menses, dyspnœa, pain in left axilla.	
July 16.	M. R.	ø on pills.	No relief.	Only under observa- tion two weeks.	Pain in l. chest, ver- tigo, nervousness, irreg. menses, soles of feet burn, clutch- ing and gnawing in region of apex, hot flashes followed by chill, cough with expect. of blood clots, palp. most all the time.

Date. 1894.	Disease.	Dose.	Effect.	Symptoms Removed or Relieved.	Symptoms Unalleviated.
July 31.	M. R. ; A. S.	ø 3 gtts.	Much relief.	Palpitation, constrictive pains.	Constipation and weakness.
July 2.	Cardiac asthma; dil. left vent.	ø 3 gtts.	Some relief.	Dyspnoea, palpitation, pain in left mammary region, numbness of hands, severe paroxysms of coughing.	Did not return until Oct. 16th, when had a partial recurrence; relieved by iod. ars.
June 7.	Fatty degeneration of heart.	5 gtts. ø with phyto-lac. ø.	Decided relief.	Dyspnoea, hard, dry cough, pulse weak, compressible, constant drooling, profuse urination, sleepy all time, ascites, cedema of limbs and face.	
August 10.	M. R. ; A. S.	ø 3 gtts.	Much relief.	Pains in abd. and præcordia, watery stools, loss of appetite, frothy vomiting, palp., yellow-coated tongue.	Itching over body and weakness from heat, nervousness.
Sept. 4.	Did not examine heart.	1x pills.	Good.	Sharp pain in epigast., worse during night, fluttering in heart regions, headache, pulse 120 reduced to 102, clutching pains in apical region, dry cough.	Only under observation three weeks.
Sept. 14.	M. R. ; A. S.	ø 2 gtts.	No relief.		Sharp pains in chest, burning lachrymation, headache (occip.), soles of feet burn, cold hands, l. hand and arm tingle and feel numb, squeezing pain in apical region, dyspnoea when lying on l. side, palpitation.
Sept. 24.	M. R. ; A. R. ; P. R. ; Tri. R. ; A. S.	ø 3 gtts.	Partial relief.	Sharp pains in abd. and region of apex, amenorrhœa, occip. headache, vertigo, flashes of heat, pulse 90, weak and thin, soles of feet burn all time, food lies like weight in stomach.	Menses came on once for first time in eight months and then stopped for four months.
Sept. 29.	M. R.	ø on pills.	Relief.	Dry hacking cough, tightness and soreness of chest, dyspnoea, vertigo.	
Oct. 9.	M. R.	ø 2 gtts.	Not much relief.	Was only under observation one week.	Feeling of weight on vertex, blurred vision, dysp. < during menses, palp. on exertion, pain in splenic region when walking.

Date. 1894.	Disease.	Dose.	Effect.	Symptoms Removed or Relieved.	Symptoms Unalleviated.
Oct. 8.	M. R.; A. R.; M. S.; A. S.; Tri. S.	ø 5 gtts.	Partial relief.	Dry cough, dulness (stupid), watery diarrhoea, yellow leucorrhoea, crampy pains in abdomen, wheezing on chest, moaning during sleep.	Loss of flesh; continued improvement until Nov. 17, when she stopped coming.
August 2.	M. R.	1x on pills.	Relief.	Vertigo, occip. headache.	
Dec. 10.	M. R.; A. S.	ø 3 gtts.	Good.	Cough, pains in chest and abdomen.	
Dec. 12.	Hyper. R. vent.	ø pil.	No relief.		Soreness in left chest, tightness over chest, coldness in heart region, numbness in left leg, nervous, hard, hack'g cough.
Dec. 19.	M. R.; P. P. adv.	ø 5 gtts.	No change.		Dyspnoea, dull pain in heart region with squeezing and pressure, tired all time, easily excited, occip. headache < stooping, constipation.
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Jan. 3.	M. R.	ø 3 gtts.	Slight relief.	Only under observation one week.	
Jan. 8.	M. R.; P. P. adv.	ø with ø puls.	Can't say.	Only made one visit.	
Jan. 9.	P. P. adv.; P. S.	ø 4 gtts.	Relief.	Pain around heart, vertigo, cough, weak, thin pulse, dyspnoea improved.	
Jan 10.	Fatty infl. of heart.	ø 3 gtts.	Relief.	Dyspnoea, palpitation, pains in lumbar region with profuse urination, swelling at menstrual periods.	
Jan. 16.	P. P. incp.	ø pil.	Did not return.		
Jan. 18.	M. R.	ø pil.	Did not return.		
Jan. 19.	Cardiac asthma.	ø on pills.	Good.	Dyspnoea, vertigo, headache, oppression on chest with tightness and squeezing over superficial cardiac space.	Tight cough with very difficult expectoration, constipation, no appetite.

Date. 1895.	Disease.	Dose.	Relief.	Symptoms Removed or Relieved.	Symptoms Unalleviated.
Jan. 26.	M. R. ; marked.	ø 4 gtts.	Relief on Feb. 2.	Dyspnœa, hands and and wrists blue and cold, pulse thin and rapid.	
Jan. 31.	Func. palpitation; no lesion discovered.	ø 5 gtts.	Did not return.	Palp., dyspnœa, nervous, pulse 132, tightness as if in a vise around waist.	
Feb. 13.	Fatty heart.	ø with ø puls.	Did not return.	Cough until face gets blue, palp., headache, no appetite.	
Feb. 20.	M. R. ; P. P. adv.	ø 2 gtts.	No change.		Headache, dyspnœa, weakness, cough, œdema of feet and ankles, no appetite.
	M. R.	ø gtt.			
	M. R.	ø 2 gtts.			
	M. R.	ø 3 gtts.			
	M. R.	ø 3 gtts.			
	M. R.	ø 3 gtts.			
	M. R.	ø 2 gtts.			
	M. R. ; A. S.	ø 5 gtts.			
	M. R. ; A. S. ; Dil. R. vent.	ø 3 gtts.			
Feb. 20.	M. R. ; P. P. adv.	ø 3 gtts.	Relief.	œdema of feet and ankles, vertigo.	Weakness, general pains, cough, insomnia.
March 9.	M. R. ; A. S.	ø 3 gtts.	Did not return.		
April 1.	Fatty infl. of heart; œdema of lungs.	ø 3 gtts.	Relief.	General œdema, ascites, short, loose, hacking cough, dyspnœa.	Growing weaker.
March 19.	M. R. ; Hypert. R. vent. ; chronic bronchitis; gastro- enteric catarrh.	ø 2 gtts.	No relief.		Cough, headache, pale cadaveric look, chest pains.
March 28.	M. R.	ø 2 gtts.	No relief.		Dyspnœa, coldness of left side of body, œdema of feet and ankles, constipation, vertigo, frontal headache, insomnia from nervousness, abd. pains.

Date. 1895.	Disease.	Dose.	Effect.	Symptoms Removed or Relieved.	Symptoms Unalleviated.
April 29.	M. R.	ø 3 gtts.	Relief.	Headache, smothering, œdema of feet and ankles, pulse from 102 to 94, vertigo, cough.	Pain in left axilla, nausea, flashes of heat, night sweats.
May 24.	M. R.; P. P. adv.	ø 3 gtts.	Relief.	Cough, chest soreness, sore throat, pulse stronger, more cheerful.	General weakness.
March 27.	M. R.; M. S.	ø 2 gtts.	Relief.	Pain around heart, vertigo, oppression across chest.	Nausea, constipation, headache, burning in stomach and abdomen, melancholia.
March 4.	M. R.	ø 3 gtts.	Relief.	Oppression of breathing, nervousness, feeling as of hard band around heart.	
March 15.	Myalgia.	ø 2 gtts.	No relief.		Distress around heart, substernal soreness, occipital headache.
March 28.	M. R.; A. R.	ø 3 gtts.	Did not return.		Edema, dyspnoea, cough, ascites.
June 10.	M. R.	ø 5 gtts.	Will return on 12th.		Dyspnoea, ascites, œdema of limbs, scrotum, penis.
May 6.	Palpitation.	ø pills.	Did not return.		
May 25.	M. R.	ø 3 gtts.	Relief.	Chest pains, headache, cough, general condition.	
June 3.	M. R.	ø 3 gtts.	No relief.		Cough, pains around heart, palpitation, soreness in hepatic region.
June 8.	Dil. R. vent.; œdema of lungs.	ø 8 gtts.	No relief.		Ascites, general œdema, dyspnoea.
June 8.	M. R.	ø 2 gtts.	Has not returned.		

ADENOID GROWTHS OF THE PHARYNX.—Dr. J. De Wée, in these cases, advises operating as soon as the growths give rise to local or reflex troubles, and to administer internal treatment so as to improve the general health of the patient. Dr. Hartley recommends giving the following remedies, one after the other: arsen. iod., calc. phos., hydrastis, and kali bichrom.—*Journal Belge d'Homœopathie*, No. 2, 1895.

A BIT OF EXPERIENCE.

BY O. EDWARD JANNEY, M.D., BALTIMORE.

THE following incident illustrates not only the chemical value of hot salt-water enemata, but also the instruction that may be gained by attendance upon the sessions of the American Institute of Homœopathy, where this method of stimulation became known to the writer.

Dr. C. E. Walton, of Cincinnati, read a paper in which was related a case of collapse so intense that no response came from injection of whiskey, the use of strychnia, or the employment of other means of stimulation. Life was restored, however, by injecting hot salt-water into the thigh.

In the discussion which followed, the expedient was endorsed by Drs. Boothby, Green, and McClellan, the latter claiming excellent results from injections of salt-water (3i to the quart), of a temperature of 100° to 115°, into the lower bowel.

One evening, after returning from Newport, my attendance was requested upon a case of endocarditis resulting from rheumatism, in a boy of eleven years.

Heart failure was evidently impending. The entire body was cold and clammy; the hair wet with perspiration; no pulse to be felt at the wrist or along the arm; the carotids fluttering; the eyes half closed; respiration labored.

Active efforts to bring about reaction were made and continued, without avail, and death seemed at hand. The usual methods of stimulation seemed to be entirely useless. In this extremity, the rectal method of stimulation suggested itself and was promptly carried out; a pint of hot salt-water being injected and held within the bowel by means of external pressure. Improvement set in almost at once; warmth began to return, and the patient emerged from a state of collapse the most profound into a condition hopeful of ultimate recovery.

It may be, that further clinical experience will demonstrate that we possess in enemata of hot salt-water a convenient means of stimulation superior in many respects to anything else yet employed.

CONSTIPATION.

BY FREDERICK VAN GUNTEN, A.M., M.D., PHILADELPHIA.

(Read before the Germantown Medical Club, February 18, 1895.)

To quote the Poet's words :

"Ye hardened stoole or torpid rectum,
Made on purpose to collection,
Watte wayes and meannes do we possesse
To ease youre fyerful costiveness.
Ye patient sittes as if in paine,
And makes a greate and mightiest straine ;
Hyse face gettes redde, hyse haire on ende,
But nary will ye stoole descende."

"Constipation, as defined by Roberts, is that condition in which stools are not passed with sufficient frequency, being at the same time generally deficient in quantity, as well as too dry and too solid." This should not be confounded with costiveness, which means scanty faecal evacuations. The question naturally arises, how many bowel movements per day, should a healthy individual have? In adults, one stool is considered normal in a large number of cases; it should be free from straining, and the quantity be in proportion to the amount of food consumed and assimilated; it should also be of sufficient consistency to form cylindrical-shaped masses, and thrown in water, should float. It is not uncommon to find people who defecate twice daily, and enjoy good health. Others have an evacuation every other day, and this seems normal to them. As a rule, however, one stool in each twenty-four hours, may be considered as the proper number.

In individuals whose bowels are moved normally, the rectum is empty until the intestines wish to empty their contents, when the faecal mass descends from the sigmoid flexure into the rectum, where its presence causes the sensations one experiences in the desire to stool. If the call is unheeded, a reverse peristalsis takes place, and the faeces return to the sigmoid flexure, where they remain until nature makes another attempt, when the same process is repeated. If nature's call continues to be neglected, the reverse peristalsis does not follow, the mass

being retained in the rectum, where it becomes hard and dry, and thus acts as a plug in the bowel. The scybalous masses, if allowed to remain long enough, undergo a sort of fermentation, and considerable systemic disturbance is frequently set up, due to the absorption of obnoxious and putrid matters thus formed.

The symptoms arising are so often misleading, as to throw the physician off his guard. They simulate those found in many other diseases, and in many cases, a diagnosis is made of some other complaint, and the patient treated for such, instead of constipation. In other cases, where symptoms are indicative of no special pathological condition, we should look to the bowels for the cause, and often our efforts will be crowned with success. Can we conscientiously tell a patient he has cystic trouble, simply because he has frequent micturitions? when probably with a little care, the cause may be found in an overloaded and much distended rectum, thereby pressing on the bladder. Again, can we diagnose uterine disease simply because a woman has headache, backache, bearing-down, languor, etc., without making a vaginal examination? Yet many women have been medically treated for such, instead of constipation, because of a mistaken diagnosis.

Several months ago, I was called to see a three months old babe. It seemed to be in intense agony. There were slight elevation of temperature, great restlessness, and such a variety of symptoms, that I was puzzled for a diagnosis. I prescribed for the child and left. On my return the following day, there was a slight change for the worse. During the night, the child had a convulsion, and this only added to my trouble in diagnosing the case. As I was about to prescribe again, the mother remarked that the child's anus was sore, and requested me to examine it, which I did, and while manipulating the parts, the baby made several unsuccessful and painful efforts to stool. The fæces would emerge about a quarter of an inch beyond the sphincter, and then slip back. Here *silica* would naturally be suggested as the remedy, but I doubt if it would have been effective, for the fæcal matter had become so impacted in the rectum, that manual interference was the only means of relief, so with the aid of a spoon-handle, a large quantity of scybalous masses was removed, which was followed by a copious move-

ment of well-formed fæces. This gave marked relief, and in a few hours, the child was apparently well. In this case, I must confess I did not at first think of retained fæces as being the cause of the trouble, and it was not until my attention was called to the condition of the anus, that I rightly comprehended the complaint. This illustrates what probably occurs frequently in the practice of every one of us, unless we are strictly on our guard.

A patient's bowels may move every day, and yet he may be the subject of chronic costiveness. Close questioning may reveal the fact that while such is the case, yet every week or so, there will be a passage much larger than the average. This is due to the gradual accumulation of fæces, resulting from insufficient daily evacuations.

The causes of constipation are numerous, and for convenience, may be divided into general and mechanical. Of the former, probably one of the most important is habitual neglect. This is not willful, but the result either of carelessness, or the want of a favorable opportunity. It is astonishing how many people will postpone nature's call to stool, in order to accomplish some trivial thing which could be done after, just as well as before defecation. On the other hand, the postponement may be due to the want of a convenient place, or to some unavoidable detention. These delays are dangerous, as in a majority of cases, if the call is unheeded, the desire to stool passes away.

Deficient peristalsis and certain articles of diet are other causes. These are associated with each other, because in a measure, one is dependent upon the other. That peristalsis may be properly performed, it is necessary for a sufficient quantity of fæcal matter and moisture to be present to stimulate the muscular coat to action. Hence, food which is quickly absorbed and leaving but little residue, will produce this condition. The same is true of those articles of diet which leave a large residue, but with insufficient moisture.

Opium, anodynes, hypnotics, the presence of lead in the system, and even excessive smoking, constipate. Sedentary habits, indoor life, and want of proper exercise contribute largely to this malady. These partly explain why the female sex is predisposed more than the male. Hæmorrhoids, anal fistulæ and fissures cause patients to avoid frequent evacuations on account

of the great pain produced during the act. Age is an important ætiological factor. As it advances, the tendency to constipation increases. The activity of children probably accounts for the fact that the disorder is at its minimum in early life, while the inactivity and worn-out tissues of the body in senility cause the bowels to become sluggish. Anæmia, debility from any cause, hepatic disorders, many chronic affections, certain neurotic conditions, uterine and ovarian derangements, heredity, deficiency of intestinal and biliary secretions, and excessive perspiration are other causes.

Who among us does not know the cause and effect of constipation in febrile diseases? How the temperature is often reduced, when, without endangering the life of the patient, the bowels are evacuated by mechanical means? The constant use of laxatives and purgatives causes retention of fæces by overstimulation, followed by muscular inactivity. Among the mechanical causes may be mentioned: hernia, invagination, tumors pressing on any part of the alimentary canal, gall-stones, uterine displacements, the gravid uterus, malformations of the rectum, and foreign bodies.

There is probably no pathological condition which produces a greater array of symptoms than does constipation. True, it is present in a large number of individuals who enjoy good health, but in many others its presence is manifested by symptoms depending on a cause. People regular in their habits are usually those who mostly suffer from the effects of constipation, the symptoms most frequently found being heaviness of the head and dulness of the intellect, headache, offensive breath, bad taste, white or yellow coating on the tongue, loss of appetite, nausea, and sometimes vomiting and vertigo. In aggravated cases, in addition to the symptoms enumerated, there are frequently palpitation of the heart and oppressed breathing, due to pressure from the accumulation of flatus in the stomach, loathing of food, sallow or earthy complexion, low-spiritedness, and nervous depression. The stools are hard, dry, knotty, and scanty; are voided only at infrequent intervals, and usually attended with considerable straining. In severe cases, convulsions may ensue, and even death has resulted from acute constipation. Occasionally, the hardened excrement causes considerable irritation in the bowel, resulting in a secretion of

mucus or muco-pus, which finds its way into the rectum and passes away like a diarrhœa, although the fæces are still retained in the bowel. This discharge is apt to be misleading as to the actual condition present. The retained fæces often give rise to considerable flatulence, which, at times, causes great distress. It may lead to complete intestinal obstruction, and even to ulceration and perforation. Œdema and violent pains in the lower extremities are occasionally produced by an overloaded and over-distended rectum pressing on the veins and nerves respectively.

In the treatment of constipation it is important to attend to the hygiene of the patient. One of the principal measures is regularity. The patient should designate an hour to stool, and get into the habit of going at the same time every day whether there be an inclination or not. By so doing, patients not too far advanced may often be educated to evacuate the bowels regularly, just as the stomach daily demands food at regular periods. The best time for evacuation is in the morning; the fæcal mass collected during the preceding day and night tends to become formed, dry and hard, and should be voided in the morning, particularly since it may, if not ejected from the rectum, be crowded upon by the fæces of the day. It is necessary that sufficient time be spent on the closet. Many people abandon the effort if not immediately successful, and thus the opportunity for a stool is lost. The patient should direct his thoughts on the subject for some time previous to and during the act. Exercise is a necessary factor, and as much of it as possible should be had in the open air. Hence, patients who largely patronize street cars should be encouraged to walk whenever practicable. Light gymnastics, sea-bathing, swimming, out-door sports, and horseback-riding in moderation are to be advocated, as they are conducive to good results. The clothing around the waist should be loose, so that the intestines can have perfect freedom of action. Cold sitz-baths and cold douches to the abdomen are frequently beneficial, because their tendency is to stimulate the rectal nerves, the sensibility of which has been benumbed by the constant pressure of the fæcal mass upon them. Massage treatment should be resorted to. The manipulation should embrace rubbing, flagellation, and gentle deep pressure on the abdomen, following the direc-

tion of the small and large intestines. In fact, any and every measure should be resorted to that tends to arouse the muscular inactivity of the bowels. The food must be plain, of sufficient variety, and easily digested. It should consist of not too much meat and a liberal quantity of vegetables. Cheese, pastry, pork, spices and such indigestible articles are to be avoided, while fruits, particularly apples, figs, dates, oranges and lemons, and bran bread and oatmeal, may be partaken of with considerable benefit. That there be sufficient moisture, the patient should drink freely of fluids. Water taken after rising, between meals, and just before retiring is beneficial, and if it be hot, it is still more efficacious. The various mineral waters, particularly the Hunyadi and Lithia, have a relaxing effect on the bowels.

As to the use of drugs, their proper administration has been of inestimable value in treatment of this affection. They have their sphere, and strengthen the treatment, just as each individual spoke strengthens the wheel. But probably, at the present time, too much stress is laid on their use and I believe they have been much abused. Undoubtedly, a large number of cases have, by the continued and indiscriminate use of medicines, been greatly aggravated.

Whenever possible, we should resort to the homœopathic remedy. Unfortunately, it is mostly in the acute cases that we get indications to prescribe according to the "Law of Similars." Here, the following are only a few of the remedies frequently used: *anacardium*, *alumina*, *æsculus hip.*, *antimonium crud.*, *bryonia*, *chelidonium*, *graphites*, *kali carb.*, *lycopodium*, *magnesium mur.*, *nux vomica*, *opium*, *phosphorus*, *plumbum*, *sepia*, *silica* and *sulphur*.

In chronic constipation, we are not often successful in prescribing the indicated remedy, because, in a large number of cases, the patients go, day after day, without manifesting sufficient symptoms to select it. Even if found, and the patient kept under its action, it becomes necessary at times to use laxatives. When such is the case, select the one that it is best suited to the individual; and ascertain the smallest dose that will accomplish the desired result.

I have found one ounce of Epsom salts dissolved in a pint of water, and a tablespoonful given every hour until the bowels

move, to be very effective. Compound liquorice-powder, aromatic cascara sagrada, aloes in one-grain pills, citrate of magnesium and calomel, are only a few of the large number of drugs frequently used. We should not get into the habit of resorting to these too frequently; instead, when it becomes necessary to interfere, enemata and suppositories are to be preferred, not neglecting the hygienic treatment previously mentioned.

When an enema is used, only a small quantity of the solution should be injected, and allowed to remain long enough to soften the fæces. If a larger quantity is introduced, it may prevent the relief sought for, by over-distending the rectum, thereby producing a temporary paralysis of the muscular coat. For this method of treatment, sweet oil, a solution of soap and water, and glycerine and water, are most frequently used. The introduction of cold water into the rectum is often efficacious from the reaction which follows the shock. The insufflation of powdered boric acid has also been suggested. Of the substances used for suppositories may be mentioned soap, wheat-gluten, glycerine, and cocoa-butter.

Obstinate cases, not yielding to any of the foregoing treatment, are often benefited by electricity. As to the use of the constant or interrupted current there is a diversity of opinion, each having its adherents. One method of applying electricity is, to introduce the negative pole into the rectum, and slowly move the positive over the abdomen, following the course of small and large intestines, and also over the dorsal and lumbar regions of the back. Another method is to insert both the positive and negative poles into the bowel, using, in this case, the bi-polar electrode. If these fail, insert the negative pole in the rectum and place the positive on the perinæum. In the application of electricity, whichever method is used, it is well to begin with a very mild current, which may be increased, but never so strong as to produce discomfiture.

There are times when constipation will not yield to any treatment, and the fæces become so hard that they can only be ejected by manual interference. When constipation is due to anæmia, impaired nutrition, or any other cause, the physician should direct his attention to the morbid condition, and treat it accordingly.

THE CHEST COMPLICATIONS OF TYPHOID IN CHILDREN.

BY WILLIAM W. VAN BAUN, M.D., PHILADELPHIA, PA.

(Read before the American Institute of Homœopathy, Newport, R. I., June, 1895.)

IN children, as in adults, typhoid fever is attributed to a specific germ and presents as the more prominent clinical manifestations: continued fever, intestinal disturbances, and a tendency to hæmorrhage.

In infancy the abdominal symptoms are not pronounced as ulceration and hæmorrhage are much less frequent than in adolescence and maturity; while headache, and marked cerebral symptoms in general, are typical attendants, and are expressions of the hyper-sensitive nerve centres of child life.

Mild head symptoms may be overlooked as children do not locate pain well and reliance must be placed upon the nurses or one's own observations. A flushed face, or a burning red spot surmounting one cheek, with injected conjunctiva, red lips, and a dry tongue, is very suggestive. Children usually possess excellent recuperative power and are blessed with healthy organs and in comparison with adults, they are not liable to suffer from chest complications of a severe character.

Laryngitis is a rare complication, but it is present at times, in varying degrees; I have seen it result in complete aphonia in a child of four years, the release from the dumbness being slow, the child apparently having to be taught to talk a second time. Cases of laryngeal ulceration, inflammation, and even necrosis of the cartilages of the larynx have been reported. Speech may be absent without laryngitis; some writers claim that complete aphasia is not infrequent. This has not been my experience.

Bronchitis is almost always found, so frequently indeed, that it seems to be a phase of the disease and not a complication; it is often associated with slight hæmoptysis; at times the hæmorrhage is very severe and may even result fatally. Sometimes the bronchitis is very pronounced and is so suggestive of acute bronchitis that it will mask the true typhoid condition for some time. If it assumes the diffused type it will often lead up to

a broncho-pneumonia, or if it should take on a putrid character of severity, the lobular infiltration may develop pulmonary gangrene.

The bronchitis usually subsides with the fever. Sometimes, where the state of feebleness is great, the circulation poor and the bronchitis marked, the condition of pulmonary collapse or *atelectasis* arises. It is not infrequent over the lower portion of the lungs, especially if the bronchitis involves the smaller tubes. Late in the disease pulmonary apoplexy may take place; post-mortems have revealed infarcts of all types.

While it is admitted that serious complications not infrequently find their seat in the lungs of children, it is well established that *hypostatic congestion of the lungs* is not as frequent as in adults. In long continued cases, with weakened circulation, unless care is taken to change the position of the child frequently, the posterior basic portion of the lungs will fail to become ærated, resulting in a hypostatic congestion, with more or less œdema, and in severe and markedly enfeebled cases hypostatic pneumonia is not uncommon.

Lobular pneumonia is found more or less extensively; pulmonary œdema is met with, and *lobar pneumonia* is infrequent. The latter is usually of a mild type, although at times it affects both lungs, and jeopardizes the life of the patient. It has been known to occur at the onset of the disease. From the standpoint of a differential diagnosis it is found that pneumonia develops much more rapidly than typhoid fever.

Pleurisy is occasionally met with, even the hæmorrhagic type has been observed. This is usually where the general tendency is hæmorrhagic. Purulent pleurisy may be secondary to gangrenous bronchitis, or more frequently to suppuration of the connective tissue of the posterior mediastinum.

Empyema, with its fever, slight cough, want of appetite, moderately increased respiration, and cachectic appearance has been mistaken for typhoid fever. A careful chest exploration will materially assist to a correct diagnosis. It has been found complicating some cases of typhoid. In this connection, Weintraub has reported the case of a male adolescent who had had a left-sided exudative pleurisy three years previously to his attack of enteric fever. Towards the close of the second week of his typhoid state he showed subjective and objective symp-

toms of pleuritic effusion. Exploratory puncture revealed the presence of pus in the left pleural cavity, and bacteriological examination demonstrated the presence of bacilli corresponding to those of enteric fever. A later puncture in the same situation brought pus containing similar bacilli, but much less virulent.*

Acute tuberculosis and enteric fever are at times confounded and incorrectly diagnosed. With this borne in mind, an error does not often arise. Acute tuberculosis much more frequently simulates typhoid fever than typhoid fever tuberculosis. Cases will come under observation presenting slight cough; sanguinolent expectoration; impaired percussion resonance at the base of the lungs; enfeebled breathing; friction sounds and fine râles, some moist and some dry; constipation existing. The rose spots, if any, are indefinite, and epistaxis is not prominent. If tubercle bacilli are not present, defervescence will probably take place, and the pulmonary symptoms will disappear simultaneously.

It is well to recall, in weighing a decision, that typhoid fever and acute tuberculosis can exist at one and the same time. Kiener and Viellard report a case, at the post-mortem of which "the lesions of an acute disseminated granular tuberculosis were found in the lungs, pleuræ, peritonæum, and pia mater; while the lower third of the ileum presented the typical ulceration of the third week of enteric fever. Bacteriological examination of material obtained by puncture of the enlarged spleen disclosed the presence of micro-organisms corresponding in all particulars with the bacilli of enteric fever.†

I have observed, in a few cases of typhoid in children and young people, towards the close of the third or fourth week, a rise in temperature coincident with the sudden oncome of pulmonary symptoms: cough, dyspnœa; blood-streaked, tubercle bacilli-laden expectoration; physical exploration revealing roughened apical respiration, suggestive of bronchial breathing, dependent upon consolidation, fine bronchial râles, with varying differences of normal sounds on the two sides of the chest, and later dulness on percussion, etc. These cases, at the beginning, gave no evidence of tuberculosis. The typhoid ran its

* *Berliner Klinischer Wochenschrift*, No. 15.

† *Bulletin Médical*, January 11, 1893.

course, but the patients developed a well-established pulmonary tuberculosis, which, sooner or later, will terminate fatally.

Gillespie has reported a case of pertussis during the course of enteric fever; and the blending of the diphtheritic poison and the typhoid is still more prevalent.

The heart-action in typhoid of childhood is usually weak and feeble; and while it is due largely to the degenerative changes in the heart muscle, the well-known functional disturbances of the nervous system must be kept in view, for it has much to do with the existing enfeebled circulation. The œdema of the ankles and legs, often present in early convalescence, is due, as a rule, to imperfect circulation arising from weakened heart.

Pericarditis may be present; when it does occur, it is purely a complication. *Endocarditis* is more frequently met with than pericarditis. Both conditions are rare. The slight mitral endocarditis which does occur, and is found at autopsies, is of little clinical significance.

The faint systolic apex-murmur met with in some cases, is due to the general relaxed condition of the muscular system. *Ulcerative endocarditis* so closely resembles typhoid, that it is almost impossible to differentiate the two conditions. The fungoid vegetations that are apt to form in this condition mask the physical signs of valvular lesions, and, unless there is a previous knowledge of rheumatism or valve lesion, the diagnosis is difficult.

Myocarditis.—Grancher, of Paris, reports the case of a child of nine years presenting symptoms of enteric fever where the frequency of the heart's action was greatly increased and the rhythm partook of the character of that of the foetal heart. These modifications were claimed to depend upon an attack of myocarditis due to the infection of the specific organisms of the primary affection, and were not the result of the intoxication of the system.

In long, protracted cases feeble heart action is common, and is attributed to a granular-fatty condition of the heart structure. The myocardium undoubtedly shares in the general atrophy, and the heart's muscular tissue becomes relaxed and flabby.

Fatty degeneration of the heart muscle is not altogether a rare

condition, nor is heart failure an unknown quantity in these cases. Authorities claim that sudden death in the absence of adequate anatomical lesions of the heart does not occur in childhood, as it occasionally does in adults. Unfortunately, this is not the case; for sometimes children die of heart complication almost without warning, physical examination giving no notice of the impending danger. The child simply has an attack of syncope and dies. Collapse in children is unusual; if it should occur and then pass away, the child is prostrated, pale, cold, cyanotic and covered with a clammy sweat; pulse rapid, weak, very compressible and often irregular; the heart sounds are faint and muffled; the two sounds may be indistinguishable, one from the other, neither by their timbre nor the interval of rest separating them. The extreme condition of failure is rare; that of moderate degree, such as light cyanosis, coolness of extremities and change in heart sounds and pulse, will occasionally be met with.

In children, less attention to temperature and excessive watchfulness of the circulation is a truism of life-saving proportions.

Cardiac thrombi are at times formed and may give rise to embolism of the lungs, which, in turn, may set up a partial necrosis of the pulmonary tissue and cause pneumo-thorax. The embolus may also find its way into the spleen, kidneys or other organs. Hawkins, of London, reports cases of hæmaplegia in the course of enteric fever in children, usually of the right side, which were attributed to the consequences of a non-valvular lesion of the heart, leading to the formation of thrombi in the left auricle, whence emboli were detached and lodged in a cerebral artery.*

CRUSTA LACTEA CURED BY OLEANDER.—Dr. J. De Wée records the case of a child of two years, who had been affected from the age of nine months with impetigo. When seen, it presented behind the left ear, as well as upon the corresponding cheek, a number of vast crusts of a brownish-black color, and of a fatid odor, and glueing the hair together. Upon being detached, they left a red and oozing surface. Oleander 12x was given on account of the localization, the profuse oozing, and their extending over from behind the ears on to the cheeks. The result was decidedly good; for in three weeks only a slight redness remained where the eruption had been. He has, at present, under observation, a young boy of five years with the same affection in the same locality. Oleander 1: x had considerably ameliorated the eruption within a month. *Journal Belge d'Homœopathie*, No. 2, 1895.

* *British Med. Jour.*, Dec. 17, 1892.

EDITORIAL.

OUR DUTY.

IN view of the advanced stand taken by the American Institute of Homœopathy, referred to by us last month, it behooves homœopathy here in America, which is represented by that association, to be careful that it in no way weakens the good effects of its action.

By insisting upon the law of similars as the sole basis of homœopathy, the Institute has with one blow overturned the hundred and one men of straw, in fighting which the valorous Don Quixotes of the old school have so often sought to win their spurs and to try their lances. It has challenged the world to meet homœopathy on the ground where its opponents have ever refused to come to the battle—the ground of scientific investigation. It has said: Prove this law to be no law; prove it to be a false guide in the choice of the curative remedy, and homœopathy must fall—nothing can save it; everything else is immaterial so far as the truth of the system is concerned.

Now let homœopaths everywhere be prepared to defend the truth of this fundamental law, and upon it and upon their guidance by it, to claim for homœopathy the distinction of being the only scientific system of medicine.

It has too long been our habit to submit to the imputation that there was an entire lack of science in homœopathy, and to content ourselves with hashing and rehashing some of Hahnemann's thoughts, found in the *Organon* or his *Chronic Diseases*, and endeavoring to rig them out as prophecies or even as actual truths known to Hahnemann, in the modern sense which only their forced construction is capable of making them express. We have, wrongly, we think, endeavored to defend homœopathy by lauding its founder.

The Truth is what we are all after, irrespective of the individual, and his attainments. While it is true that there is a predisposition for or against a proposition, according to what we know of its author, at the present time each separate one must be subjected to the closest scrutiny, and accepted on its own merits, irrespective of the general credibility of the one who has advanced it.

We have pooh-pooed much of the science of the day, and have, with right, pointed to the ephemeral character of its results as proof of its bastard origin. But we dare not fail to recognize the actual progress made, and the justice of the demand that everything claiming recognition should be capable of being scientifically proven.

To the establishment of the law of similars all the efforts of our school should be directed. This will give ample scope for all the varied energies which it possesses. It will direct all our studies in the natural history of disease, a very important but much neglected study; it will bring into prominence the so poorly defined conception of what constitutes a cure; and with this will modify many of the prevailing notions of the *vis medicatrix naturæ*.

Our materia medica will be studied from an entirely different standpoint, and our pathology will become an homœopathic pathology, laugh who will at the term. Only in this way can we see any likelihood of homœopathy ever being made to take the place it deserves in the science of medicine. We have wished to reiterate this because we have noticed, in some quarters, a desire to gain recognition for homœopathy as a possible mode of cure, by joining it with others which have not yet gained recognition as scientific.

The belief in the infinitesimal dose, as a necessary and intrinsic part of homœopathy has generally led to such efforts. The inability to prove the possibility of infinite subdivision of matter has led many well-meaning persons, even physicians, to seek in the realm of *mind* an explanation of the undoubted efficacy, at times, of doses of medicine, the subdivision of which far transcends our powers of conception. In endeavoring, by analogy, to show the possibility of a cure resulting, they hope thereby to prove the truth of homœopathy, whereas their best directed efforts leave that question entirely untouched.

The great interest aroused by the subject of hypnotism, and the wonderful results of "suggestion," have furnished a basis for misguided efforts in this direction to explain the efficacy of wrongly so-called homœopathic doses. We find in the minds of otherwise intelligent persons homœopathy classed with mind-reading, faith cures, Christian science, and the suggestion of hypnotism. We grant that there is something fascinating in

the subject of hypnotism, and the cure by suggestion, and if we could imagine our little vials filled with suggestions, marked 83m., etc., and could cure by their administration, we would gladly do so. We would not on that account, however, be any the better homœopaths, nor would we demonstrate the truth of homœopathy as well as he who should cure by doses of the tincture, chosen according to our law. In the latter case we would have already known factors to deal with, material factors; in the former, perhaps equally as potent, but as yet unknown and problematic ones. In the one case we can at once ask science to investigate it, while in the other we can only wait until she has investigated the great realm of psychic phenomena, of which it would form but a small part.

We therefore earnestly warn at the present time against allowing our attention to be diverted from the question at issue. Those who wish to down homœopathy would most gladly class it with the subjects referred to above, whose positions in the household of science are not well-assured. Fasten hypnotism around the neck of homœopathy, and no cat, with brick attachment will disappear more quickly, with disheartening plunk, in slimy pool, than will homœopathy vanish from sight in the region of scientific medicine. The time is not yet here for such union; when it comes it will only be for the purpose of suggesting some, at least partially plausible explanation of remarkable facts met with in the practice of medicine with small doses. Let homœopathy be kept free from all entangling alliances: these have too often in the past brought discredit upon it. Let it stand or fall alone on the truth or falsity of the law of similars.

SEMPER VARIABLE FEMINA.

THE conclusions of Kraft-Ebing as to the importance of menstruation in determining mental irresponsibility (*New York Medical Times*), seem to us to have a wider application than the medico-legal one. Of course the application to the cases where crimes or offences have been committed, is by far the seemingly most important, since it concerns not only the individual herself, but the community as well, and a due regard to the powerful influence exerted on the mental life of the subject by this function, will largely determine the penalty and the treatment.

But the subject has a far-reaching application to the life of the family and therewith to the welfare of the community. Not only is such influence of menstruation observable in the decidedly neuropathic, but careful observation will disclose the fact, only too often overlooked, that very few women pass through this period, that is the days before and after as well as during the flow, without some mental disturbance. It may be of so very trifling a character that it is often overlooked as well as its cause. All the manifestations of this disturbance may be brought under the two general classes of exaltation and depression. We may have simple irritability showing itself in rapidity of action, haste in seeking to accomplish work undertaken; inability to take rest; quickness to take offence; and to resent fancied insults. Or we may see the same manifesting itself in a fanciful, romantic, idealistic tendency, with a turn in some to unreasonable jealousy. Again melancholy, over-conscientiousness, apprehensiveness and timidity, will mark a condition of depression.

We can readily see that any one of these disturbances without being sufficiently pronounced to develop into an aberration of mind, may yet be a source of untold misery and unhappiness to loved ones, the more so because the physical basis is either unsuspected or ignored. At the same time it unfortunately tends to bring about a condition of unreliability, which is sometimes fatal to the claims of woman's equality with man. But as we find man himself subject to moods, it might be thought that it was a difference of more or less, of occasional and invariable, rather than a radical difference. In man, however, these moods are either congenital idiosyncrasies, or the results of accidental conditions, and his judgment is but rarely affected thereby.

Our duty as physicians is therefore, in the families under our care, to inculcate the necessity for showing the utmost consideration for the women at the time of their periods; to draw attention to their irresponsibility at that time for the many peculiarities which tend to cause discomfort and unhappiness; and to explain by it the variability which has ever been the characteristic and privilege of the sex: *Semper variabile femina.*

THE HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF
PENNSYLVANIA.

THE annual session of the Pennsylvania State Society will convene at Pittsburg, September 17, 1895, and continue in session until its scientific work and official business is finished. It is especially important that a large and interested attendance should be present at the sessions, as many questions of vital importance to the school in Pennsylvania will come up for settlement, and as the scientific work of recent years has been such as to be of exceptional value to every member of the profession living within the confines of the State.

An increase of membership is a matter demanding the attention of every member of the Society. Out of nearly twelve hundred physicians practising homœopathy in Pennsylvania, only four hundred are in affiliation with their State Society—the organization which represents them in the Commonwealth, and which has secured for them the liberties and privileges they now enjoy. Every man and women taking advantage of these privileges owes it as a duty to homœopathy and to themselves to be in active co-operation with the Society, and it is the duty of every member of the Society to secure at least one of this outside eight hundred as an applicant for membership.

The members of the profession living in "Greater Pittsburg" have been actively at work for months making ample provision for the entertainment of all visiting members and their friends, and the President and the Secretaries have made their annual appeal for a large and enthusiastic gathering, and all that remains to make the meeting a phenomenal success is for you to go and take a new member along with you.

TULLIO DE SUZZARA VERDI, M.D.

A TOUCHING letter of farewell from Dr. Verdi will be found in the columns of this month's *News and Advertiser*. The doctor settled in Washington nearly forty years ago, and has always been an able and ardent advocate of homœopathy. Now, after years of service, he leaves the land of his adoption, the country of his "home and his affections" in broken health, and with forty-five years of active American life to his credit, he turns to the land of his birth in search of renewed life. It is sincerely hoped that the more genial climate of sunny Italy will so restore his vigor that he may once again return to his beloved America.

GLEANINGS.

GENERAL MEDICINE.

CONDUCTED BY

WM. W. VAN BAUN, M.D., AND FRANK H. PRITCHARD, M.D.

PARALYSIS OF THE VOCAL CORDS IN TYPHOID FEVER.—Dr. Lublinski is of the opinion that paralysis of the vocal cords are chiefly of a nervous origin and that they would not be so rare in the literature if the patients were more frequently examined with the laryngoscope. In five cases which he has observed the dilators were once affected, in one case both recurrent nerves and in three, one recurrent nerve. This complication is usually observed towards the end of the disease; in none of the cases was an inflammatory process of the mucous membrane to be discovered. In his first case tracheotomy was necessary on account of great dyspnoea; otherwise electricity is indicated.

PSEUDO-MEMBRANOUS ENTERITIS.—Dr. G. Coyle finds that the views on this affection are greatly at variance, some authors regarding it as a distinct disease while others look upon it as a mere symptom. Whatever it be this morbid condition is rare in the male and in childhood and is especially observed in neurotic, excitable and hypochondriac women, at the age of thirty to forty-five and the chief symptom consists in the passage of pseudo-membranes mixed with faecal matters, at irregular intervals. Their passage is preceded by loss of appetite, gastric disturbances, mental depression, extreme prostration and is accompanied by severe pains in the region of the colon but without associated fever. Often the pains may appear from ten to twelve days before the characteristic evacuations during which the passages are normal in appearance and composition. Again, they need not be constant but intermittent only, a persistent sense of weight being noticed along the line of the ascending colon. In the period preceding the evacuations the disease may be taken for a gastro-intestinal dyspepsia but the discharges once seen the diagnosis is easy and the physician should not be led to believe by these hypochondriacs that they are passing worms. It can not be confounded with appendicitis; though frequently very painful there is no fever nor vomiting.—*Lo Sperimentale*, No. 14, 1895.

ERUPTION FROM ANTIPYRINE.—Dr. Gastou presented a case before the French Dermatological Society where a man an hour after a gramme of antipyrine was taken with a violent itching, and the whole body broke out with an eruption in the form of plaques. Some of these were violet-colored and livid; others, pigmented and brownish; while still others were brown in the centre and livid at the periphery; finally, there were ulcerated and bullous patches. These latter, situated upon the glans penis, simulated a true balanitis, and upon the lips a pseudo-membranous stomatitis.—*La France Médicale*, No. 20, 1895.

EROSION OF THE AORTA BY A CANCER OF THE OESOPHAGUS.—Dr. Stadelmann communicates two interesting cases of cancer of the oesophagus where the neoplasm eroded into the aorta with fatal results.

The first case was that of a woman of seventy-three years, who, after suffering for two years with violent pains in the stomach, and the corresponding part of the spinal column on swallowing, vomiting of food but never of blood, and who had emaciated considerably during the last days of her sickness. One day, she was suddenly seized with collapse, and succumbed with the symptoms of internal hæmorrhage. The necropsy revealed a voluminous carcinoma of the oesophagus, about 10 cms. above the cardiac orifice of the stomach, and communicating with the aorta; the stomach and intestines were filled with blood-clots.

The second patient was a man of fifty-one years, who, dyspeptic for twenty years, complained of difficult deglutition, and had at different times attacks of

profuse hæmatemesis, with pains in the spinal column, and was of a cachectic appearance. Examination of the epigastrium was negative, and an ulcer of the stomach was diagnosed. Eight days after his entrance into the hospital he died during another attack of hæmatemesis. The necropsy showed a large cancer of the œsophagus, 15 cms. above the cardiac orifice, which had perforated the aorta, the opening being about the size of a pin's head.

In these cases, catheterization of the œsophagus would have been very dangerous. In the second case, the lower end of the œsophagus was greatly dilated. — *La Semaine Médicale*, No. 28, 1895.

SIMULATED TONSILLITIS.—A French dragoon, who was lying in the garrison at Compiègne, and who wanted a vacation, persuaded a male nurse to blow a little powdered cantharides into his throat. The result, the next day, was a tonsillitis with pseudo-membranes, and the patient was sent to the hospital. He was treated for eight days, and then was discharged well. No cause for the disease could be discovered, and as he was not sent home to convalesce as he had expected, the nurse fixed him another attack, but was taken sick at the same time. The attending physician thought this mysterious, and one day a tobacco pouch was found in the nurse's bed filled with cantharides powder. The affair was brought before a military court; the nurse received six months' imprisonment, and the dragoon was sent to an African regiment. — *Progrès Medical*, No. 21, 1895.

A DISINFECTANT FOR THE SICK ROOM.—Dr. Meillère in cases, as in typhoid fever, where the odor of feces, urine, etc., are a constant source of aggravation to the bedridden patient recommends as a deodorizer and disinfectant the following solution: Sulphate of zinc, 1000.0; sulphuric acid, 5.0–10.0; essence of mirbane (nitro-benzol), 2 c.c.; indigo blue, or any coloring matter, 0.15.

About five grammes of this are put into the bed-pan before it is used; the urine and liquid stools dissolve it at once, and not only is disinfection obtained, but an agreeable odor is diffused through the air. As decomposition is arrested, the stool, if necessary, may be examined the next day microscopically. — *Medicinische Neuigkeiten*, No. 20, 1895.

NEPHRITIS FROM INUNCTION OF NAPHTHOL.—Dr. M. Baatz calls attention to the liability of inunctions of naphthol, a treatment of scabies, to produce nephritis in case it be used in large quantities. A little boy of six years received on account of scabies, six inunctions with a 2 per cent. naphthol salve, each time having 25.0 rubbed in. His urine, when beginning treatment, was free from albumin. Three weeks after being discharged he was received at the hospital with a severe nephritis with albuminuria, casts in the urine, extensive œdema, and a catarrhal pneumonia. Death followed after a few days' observation. An eight-year old brother of the preceding, who received the same treatment for scabies, but who was rubbed with a less quantity of the salve, had a slight nephritis, from which he recovered. — *Norsk Magazin for Lægevidenskaben*, No. 3, 1895.

BELLADONNA TO DIAGNOSE HYSTERIC TREMOR FROM PARALYSIS AGITANS.—Professor de Renzi, of Naples, in the case of a young woman of 19 years, who, after a violent fright, was seized with a tremor resembling that of paralysis agitans, administered of belladonna 4–8 cgms. of the dry extract in two to four pills daily. No curative result followed, which enabled him to diagnose hysteric tremor from that of paralysis agitans which is soon controlled by this drug. This was confirmed by the treatment, for with suggestion in the waking state, and with hypnotism, a complete cure was obtained. — *Rivista Clinica e Terapeutica*, No. 5, 1895.

DIFFERENTIAL DIAGNOSIS OF SCLEROSIS IN PLAQUES, TABES DORSALIS AND FRIEDREICH'S DISEASE.—Dr. Aliwet finds these three diseases to have many similar features, yet to present differential symptoms, so that a diagnosis is usually possible.

In sclerosis the difficult gait is not a true inco-ordination as in tabes, but is due to tremor and a spastic condition of the muscles. In tabes, the speech is not disturbed, while in sclerosis it resembles that of general paralysis. In tabes the fulgurating pains are painfully present, while in sclerosis they are absent. Tabes has no disturbances of the mind. Sclerosis never presents pupillary disturbances; tabes has a decreased or abolished pupillary reaction to light. In tabes the patellar reflex is absent; in sclerosis, on the contrary, exaggerated.

Friedreich's disease is one of early age, it being rarely observed to begin after the twentieth year. It is, again, a family disease, and other members will be found affected. In Friedreich's disease the reflexes are absent, and the feet and back are deformed; facts which are not seen in sclerosis. The gait resembles that of patients with cerebellar affections; they cannot walk in a straight line, while in sclerosis it is uncertain, indecisive, and associated with tremor. Speech is affected in both sclerosis and hereditary ataxia, but it is not so pronounced as in sclerosis. Diagnosis between tabes and Friedreich's disease is difficult, in many ways, especially when the patient is a little above thirty in age. The history is of greatest importance; for, while hereditary ataxia always begins before twenty, locomotor ataxia always after twenty-five. In tabes, the rigid pupil is present, and sphincteric disturbances are observed in the beginning; the opposite is true in the hereditary variety. In sclerosis, a mitigation and arrest of the disease is possible with rest in bed for two to three months, and faradization. In tabes, rest in bed is also useful, either alone or associated with cauterization of the spine; little is to be hoped from remedies; the chloride of aluminum, the nitrate of silver, and the chloride of gold and sodium, may be of service. For Friedreich's disease no remedy is known. Make the patient comfortable, and keep him in as good condition as possible.—*Ibidem*.

AN OPHTHALMOLOGICAL HINT.—Maberley (Dublin) resorts to the following manoeuvre in applying solutions to the conjunctivæ of nervous patients. The patient is seated, the head is extended at right angles to the trunk, and the eyelids closed. Several drops of solution now form a little pool over the inner canthus, and on opening the eyelids the solution flows gently over the conjunctiva, stays there as long as required, and the difficulty of spasmodic closure of the eyelids is avoided.—*The Lancet*.

TRACHEOTOMY UNDER DIFFICULTIES.—In a successful operation for the removal of a bonnet-pin from the trachea, narrated by Glasgow (*Virginia Medical Monthly*), the thyroid gland was found enlarged, its lobes adherent, and overlying a portion of the trachea it was desired to incise. Venous hæmorrhage from the lower angle of the wound was very copious, and the bleeding points so inaccessible that they could not be secured by ligature, and had to be controlled by compression with gauze-packing. The innominate artery was so exposed that it could be grasped between the thumb and forefinger.

In view of these obstacles low operation was deemed impracticable, and the windpipe was entered above the isthmus. The pin, 2½ inches long, had been seen laryngoscopically, with its point pointing upward, and on a level with the fourth or fifth tracheal ring. The head of the pin, at the time of the operation, was calculated to be 3¼ inches below the cricoid cartilage, or ¾ of an inch above the bifurcation.

THE DANGER OF APOPLEXY IN ANÆSTHESIA.—Dr. F. de Quervain communicates a case of apoplexy in a woman of forty-two years, corpulent and affected with a mitral insufficiency, which followed five hours after an ovariectomy on account of a fibro-myoma; ether was the anæsthetic. This case leads the writer to advise in those cases where former and even slight apoplectic attacks have been noticed to limit anæsthesia as much as possible. Flegler cautions also in old persons with arterio-sclerosis on the dangers of anæsthesia.—*Muenchener Medizinische Wochenschrift*, No. 21, 1895.

INJECTION OF SALT AND WATER IN CARDIAC PARALYSIS FROM CHLOROFORM.—Dr. Rein, of Moscow, speaks highly of intra-venous injections of salt and water in syncope from chloroform anæsthesia. Its usefulness has been proved by experiments on animals and as well by Prof. Bobroff, also of Moscow, on human beings. At the same time artificial respiration—Sylvester's method—is advised. Hypodermic injections of ether are condemned as irrational.—*Centralblatt fuer Chirurgie*, Nos. 17-19, 1895.

FILLING OSSEOUS DEFECTS.—Dr. Gluck recently presented several patients before the Berlin Medical Society where bony defects had been filled up by plates of metal and ivory. A young boy in whom a large portion of the lower jaw was removed had this portion of the bone replaced by a horse-shoe shaped plate of gold which was attached to the maxilla by screws of the same metal. He could open his mouth after the operation and stretch out his tongue. In fourteen days

the wound had healed and only a slight fistula remained at the outer angle of the jaw which soon closed to open in a few months in order to eject two silk ligatures. Two gold screws projected into his mouth to quite an extent yet they did not disturb him. He can eat and chew like a normal person and is able to chew bread crusts up completely. In another patient, a phalanx with the periosteum was removed and one of ivory substituted; the finger functionates perfectly. In a third patient, a portion of the tibia was excised and an ivory cylinder inserted. A thick layer of bone formed around this and he now has a completely normal and newly-formed tibia. Similar results were obtained in other patients.—*Therapeutische Wochenschrift*, No. 18, 1895.

ELECTROLYTIC TREATMENT OF ANGIOMATA OF THE FACE.—Dr. Barbier warmly recommends electrolytic treatment of angiomata of the face, regarding it as the only active measure in these growths especially where they tend to cirroid degeneration. He employs fine needles of steel or platinum which are insulated to within a few millimetres of the point with a coating of varnish. These are inserted into the tumor and connected with the positive pole while the negative electrode is placed upon the neck. The circuit is then closed and the current gradually increased to twenty-five milliamperes and allowed to act for five to ten minutes. In twenty to thirty seconds an eschar is formed. As the needles are withdrawn usually a few drops of blood follow but slight compression generally suffices to control this. The eschar is then covered with iodoform-collodion. In cirroid tumors the needle is inserted deeply in the direction of the bloodvessel. The number of sittings necessary is quite different according to the case; in small angiomata a single one will frequently suffice. As the procedure is painful he recommends in ordinary cases, cocaine, in larger tumors, chloroform.—*Wiener Medizinische Presse*, No. 21, 1895.

MASSAGE IN FRACTURE OF THE PATELLA AND ITS EFFECTS.—Dr. J. zum Busch, physician to the German Hospital of London, has treated eleven cases of patellar fracture, ten transverse fractures and one comminuted one, by massage, and has obtained thereby very satisfactory results. Massage was begun immediately upon their entrance which was generally at once after the accident. He commenced with gentle central stroking with both hands in order to drive out and to favor absorption of the blood effused into the joint. This manœuvre, if carefully executed, is but slightly painful. Then the muscles of the leg and thigh were massaged. This once done, the limb was placed in a posterior moulded splint and an ice-bag applied to the knee, previously covered with a few turns of the roller bandage. The next day this is removed and massage again employed and in the afternoon the patient is told to arise and to walk about, with the aid of crutches. The massage is then repeated twice a day. At the end of two days the majority of the patients could walk alone, with a simple stick. A week later they were exercised in going up stairs. Under the influence of this treatment he has obtained a rapid diminution of the effusion of blood into the joint and an approximation of the fragments of bone, without muscular atrophy. At the end of a month the patients were able to resume their occupations. In ten, union took place with a fibrous band, which however, did not interfere with the function of the limb and only in one, a young girl, was union osseous.—*La Semaine Médicale*, No. 26, 1895.

TREATMENT OF TUBERCULOUS ABSCESSSES BY INJECTION OF CAMPHORATED NAPHTHOL.—Dr. Ménard speaks warmly of the injection of camphorated naphthol in tuberculous abscesses, a procedure which he has tried in thirty cases. The method requires a certain amount of care. The abscess is to be punctured with a large-sized trocar so that evacuation may easily follow; it is best not done at a spot where the skin is too thin, or consecutive fistulæ may follow. The abscess cavity is then washed out with a solution of boric acid, and as soon as the fluid returns clear from 30 to 60 grammes of camphorated naphthol are injected. The puncture is covered with collodion. The cavity soon begins to decrease in size and finally disappears entirely, a sign that the osseous affection from which the abscess originated has been cured. Rarely, however, does one injection suffice, and a number must be made at more or less rapid intervals as soon as the cavity fills again. Therefore, the time will greatly vary. These injections are painless and rarely fail, which leads the writer to prefer it to all other methods. At times mild symptoms of intolerance of the remedy, as loss of appetite, vomiting, profuse

sweating, etc., were remarked, yet they were exceptional and of no serious consequence.—*Wiener Medizinische Presse*, No. 2, 1895.

CHLOROFORM OR ETHER?—Prof. I. Mikulicz, on account of Gurlt's statistics finding ether much less dangerous than chloroform, experimented with it in some eighty cases, employing Julliard's inhaling apparatus. Out of these he had three cases of asphyxia during anæsthesia, twice a collapse following, twenty-one times, an acute bronchitis, and, in two, pulmonary oedema or pneumonia. From these complications he has concluded that, instead of ether being less dangerous than chloroform, the contrary holds good—namely, one death he fixes for each 1167 anæsthetizations. He thinks that many of these after-effects have not been taken into consideration in gathering statistics. He would limit as much as possible general anæsthesia, he being especially inimical to employing it for diagnostic purposes. In sepsis he warns against its dangers and advises a state of hemianæsthesia for minor operations.—*Lo Sperimentale*, No. 3, 1895.

ETHER ANÆSTHESIA AND CONSEQUENT PNEUMONIA.—Dr. Nauwerck has attempted to solve the question as to the cause of inflammatory pulmonary affections following ether anæsthesia, and he finds that these complications are of infectious origin and not to be attributed to the ether. The velum palati, epiglottis and root of the tongue are paralyzed in anæsthesia, and the mucus and saliva of the mouth, laden with pathogenic germs, flow into the throat. This sets up infectious inflammatory processes, which are ascribed to the irritating properties of the anæsthetic. The respiratory passages themselves contain no bacteria, but the inspired fluid is carried into the pulmonary parenchyma. He even denies that the irritation of the ether will predispose to these processes (!).—*Hospitals Tidende*, No. 15, 1895.

SUPPURATIVE TENDO-VAGINITIS FROM GONORRHOEA.—Drs. Jacobi and Goldmann furnish a contribution to the possible metastases of gonorrhœa. A male of 37 years, who, after he had suffered for six weeks from gonorrhœa, was affected with a swelling of the left ankle-joint, which extended from the internal malleolus to the tuberosity of the scaphoid bone. At the operation, about 50 grammes of thick pus was found in the tendon sheath of the tibialis posticus, which pus contained gonococci, imbedded in polynuclear leucocytes. They were also detected in an excised piece of the tendinous sheath. It was, therefore, a purely metastatic tendo-vaginitis, an analogue of gonorrhœal articular affections.—*Wiener Medizinische Presse*, No. 19, 1895.

TREATMENT OF HYDROCELE BY INJECTIONS OF CARBOLIC ACID.—Dr. Kops has operated on nine cases of hydrocele, of which one was bilateral, with this method which was first employed by Levis. His procedure is as follows: after antiseptic cleansing the contents are withdrawn, and then two grammes of equal parts of concentrated carbolie acid and glycerine are injected into the sac; after a minute this is allowed to flow out again. With this method the pain after the operation is nearly nothing, and the patients are obliged to remain from twenty-four to forty hours in bed. Healing follows more rapidly than with any other method; no recurrences have been noticed. Disagreeable consequences are no more frequent than with other methods.—*Wiener Medizinische Presse*, No. 20, 1895.

INSUFFLATION OF AIR INTO THE BLADDER TO DETECT A RUPTURE OF THIS VISCUS.—Dr. W. Walsham in a case of rupture of the bladder, in a man forty-eight years, succeeded in demonstrating the presence of a rupture of this viscus by injection of eight to ten cubic centimeters of air. A pronounced abdominal tympanites followed, with disappearance of the area of hepatic dulness. A laparotomy was done at once, and a laceration necessitating fourteen sutures was found. As a certain degree of collapse followed insufflation, he would advise deferring this test until the patient is upon the operating table that laparotomy be immediately done if the tympanites be sufficient to threaten life. He believes this method will be found of eminent practical value.—*La Semaine Medicale*, No. 31, 1895.

OIL OF TURPENTINE AS A HÆMOSTATIC.—Dr. Sasse speaks highly of oil of turpentine as a hæmostatic, both locally and internally, in hæmorrhage from abscess cavities, after extraction of teeth, etc. It is applied upon a pledget of cotton.—*Medicinische Neuigkeiten*, No. 17, 1895.

MONTHLY RETROSPECT OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY

CLARENCE BARTLETT, M.D.,

FRANK H. PRITCHARD, M.D., AND F. MORTIMER LAWRENCE, M.D.

FUMES OF BROMINE IN CROUP.—Dr Samuel Starr, of Chester, Pa., reported the following case at the meeting of the Homœopathic Medical Society of the counties of Delaware, Chester and Montgomery, Pa :

A previously healthy boy, aged six years, was taken with a croup. A membrane formed in the larynx: the tonsils became greatly enlarged and ulcerated, while the fauces were œdematous and ulcerated. The cough was almost constant, nearly asphyxiating him at times. His pulse was 200, and his temperature 104°. The patient was exposed to the fumes of *bromine*, a teaspoonful of which was placed in water every fifteen minutes. After the second dose the tonsils became diminished one half, and the membrane was coughed up in casts. The *bromine* was discontinued after the fifth dose. Subsequently, the patient was treated four days for a slight fever and hoarseness, with *aconite*, *bryonia* and *kali bich.* The doctor had a less severe case since, which he treated similarly, with like results.—*Hom. Eye, Ear and Throat Journal*, June, 1895.

RHUS TOX. IN RHEUMATIC IRITIS.—Male, æt. 32. The lids were very much swollen and œdematous; upon opening them there was a profuse flow of tears. There were severe pains in and around the eye, worse at night and in damp weather. This case, like rheumatic iritis usually, had been a rather obstinate one, resisting all treatment for two or three weeks. The pupil had been kept well dilated with atropine from the start, yet the eye made no improvement, and if anything seemed to grow worse. At this time the *rhus* symptoms appeared, and the rheumatic history was elicited. The administration of the drug, 3x, was followed by prompt relief of the symptoms and cure of the iritis within ten days.—*Hom. Eye, Ear and Throat Journal*, May, 1895.

ARSENIC IN HERPES ZOSTER.—Dr. Washington Epps says that the homœopathic remedy in zoster, and probably in all herpetic diseases is *arsenic*. It has a marked effect on the nerve terminals. It is now the common property of most dermatologists, since it was first shown by Hutchinson in 1863, that *arsenic* causes peripheral neuritis and the subsequent appearance of zoster, although the vesicles are absent in many cases. The occurrence of zoster in carbon dioxide poisonings is an analogous fact (Lendet, Sattler). Nielson, of Copenhagen, has shown that the statistics of 610 patients with psoriasis treated at the hospital in that city, nearly 2.6 per cent. (10 in 390 patients) of those treated with *arsenic* developed zoster, whilst no eruption of zoster occurred in those (220 patients) treated with other drugs or locally. In seven-tenths of the cases the zoster was dorso-pectoralis; in two-tenths dorso-abdominalis; and in one-tenth lumbo-femoralis. The rash was always confined to one side, four times right side, five times left side, and once side not stated, and to one attack.—*Monthly Hom. Review*, July 1, 1895.

BELLADONNA IN NOCTURNAL ENURESIS.—Annie R., æt. 15, a servant, had for a year suffered from enuresis. It was fitful, occurring every night for a week, then not for several nights. She was very restless in sleep, dreaming and waking in fright. Her appetite was good, bowels regular, no worms. No signs of sexual development yet. She also had hemicrania of right brow. *Belladonna* was ordered. Next week she was better; had only once wetted her bed since commencing medicine. Headache gone. She still talked in her sleep, and dreamed of

falling. *Belladonna* repeated. During next two weeks no enuresis and no dreaming. She now complained of frontal headache, which was relieved by glonoine. Six weeks after she had had no return of enuresis, and head was better.—*Monthly Hom. Review*, July 1, 1895.

CIMICIFUGA IN SCIATICA.—Thomas P., æt. 56, a laborer, had several days ago been seized with a severe "laming" pain in his left hip, which was gradually increasing. The pain was now so acute that it drove him out of bed at night; it was better sitting up, and relieved by pressure. Bowels regular, urine clear and copious. *Cimicifuga* was ordered. In four days no better; very restless, bad nights. Three days later great improvement. In another week he was well, except for lameness, which continued for a short time after the pains had ceased.—*Monthly Hom. Review*, July 1, 1895.

PULSATILLA IN FLATULENT DYSPEPSIA.—Dr. Mackenzie records the case of Albert R., æt. 25, French polisher. He complained of pain under the left nipple and shortness of breath. Nothing was discoverable by auscultation. The dyspnoea was worse soon after food, when he felt distended with wind. Some tympanitis. Sleep was disturbed; pork and cheese disagreed. Urine deposited a sediment. Patient had had hip disease, and was lame in consequence. *Pulsatilla* was ordered. In a week he was better, and next week he reported himself well, with all symptoms gone.—*Monthly Hom. Review*, July 1, 1895.

GRAPHITES IN ECZEMA.—Alfred B., æt. 26, a photographer, had for five months had an eczematous rash on face, arms, and hands. It exuded moisture, but there was not much itching. His bowels were constipated; he was obliged to take aperients; appetite good, urine normal. *Graphites* was ordered. Next week he reported much better; the rash nearly gone. After commencing *graphites* he noticed that it became dry and cracked on the surface and then died away. Bowels were now regular. He continued the medicine and was shortly cured and did not return.

William F., æt. 12, a school-boy, had recently had a patch of eczema appear behind his left ear. It exuded moisture and irritated him so that he aggravated it by picking. The boy was healthy in other respects. *Graphites* was ordered. Next week there was an improvement. The week after it was worse from his picking it. *Graphites* was continued and in a fortnight it was almost gone and he ceased attending the dispensary.—*Monthly Hom. Review*, July 1, 1895.

RHUS TOX. IN HERPES ZOSTER.—Elizabeth B., aged 4½, had several patches of herpes on the chest, at level of axilla on the left side. Child was poorly, had no appetite some days, was unable to attend school. Bowels normal. No other symptoms were obtainable. Given *rhus tox.* In a week was much better and had returned to school. Next week herpes was cured, and beyond a few boils on the scapular region, for which *sulphur* was prescribed, she remained well and did not return.—*Monthly Hom. Review*, May 1, 1895.

KALMIA IN CHRONIC HEADACHE.—In the *Homœopathic World*, June 1, 1895, is recorded the case of a gentleman, aged 54, who had suffered from a constant headache for years. He was never free from it and for three or four days a week it was very bad, sometimes so severe that he had to shut himself up in a room alone and feared he would go out of his mind. He described the pain as an opening and shutting sensation; it affected chiefly the right supra-orbital and temporal regions, but sometimes the left side. When severe it was accompanied by swelling of the eyelids and temporal region. He seldom got up in the morning free from pain. In addition to the headache he complained of giddiness, weariness, and languid feeling in the limbs; also shifting pains in the joints and constipation. He was sometimes jaundiced, and usually had a bilious attack every three months or so.

He was given a few powders of *kalmia* 3x, to be diluted in water and a dose taken every three or four hours. The effect was most marked. The headache was relieved at once and completely disappeared for awhile, and then returned, but only slightly. He has continued taking *kalmia* ever since, and finds he cannot do without it. It was given gradually weaker, 4x and 5x, and then tried in the 200th potency, to be taken when required, but it failed and it was necessary to go back to the 3x, which appears to keep him free from pain. The only other medicine he has had is *sulphur* 30, given a month after commencing treatment for

an irritation of the skin on the back. Not only has his headache been greatly relieved, but his general health has been improved and the joint pains cured. It was these pains and the general symptoms that led to the selection of *kalmia* as the remedy.

THE THERAPEUTIC USES OF CANNABIS INDICA.—According to Frederick Kapp, *cannabis indica* causes, primarily, a profuse flow of colorless urine, and, secondarily, a complete suspension of the urine. It is of great value in those urinary troubles in which there is great urging and straining while urinating, with a very scanty flow of urine. In these cases there is generally a stinging pain felt throughout the urethra, accompanied by an intense burning and scalding sensation before, during and after urinating. Under its action the bladder is placed in a state of debility and even paralysis, and the whole tract of the urethra becomes highly inflamed. It is, therefore, a very valuable remedy in those cases of debility of the bladder which are accompanied with a paraplegic state of the lower limbs. To prove beneficial, it is, of course, necessary to continue its administration for some months and at regular intervals. It is also more effectual in these cases if *nux vomica* of a similar potency is given in alternation with the *cannabis indica*. Constipation, in conjunction with the urinary troubles, is an additional indication for *cannabis indica*, a prominent symptom in the proving being a sensation as if a part of the urethra and anus were filled up by a hard, round body, accompanied by costiveness. The aching developed in the kidneys is very severe, aggravated at night and preventing sleep. *Cannabis indica* is analogous to those three great urinary remedies, namely, *cantharides*, *uva ursi* and *terebinthina*.—*Hom. World*, June 1, 1895.

MEDICINAL TREATMENT OF THE SUICIDAL IMPULSE.—Dr. Gallavardin, of Lyons, France, expresses a wish that his article on the above subject shall be copied by the American journals.

After an introductory mention of the phenomenal increase of suicide, and its proportion to the decline of religious education, Dr. Gallavardin concludes that when the suicidal impulse is not dissipated by religion, it must be done by medicines, and he sets forth the following differential indications.

Medicines indicated against:

1. The suicidal impulse: *Aconitum*, *alumina*, *aurum*, *belladonna*, *carbo vegetabilis*, *china*, *graphites*, *lachesis*, *natrum muriaticum*, *nux vomica*, *opium*, *pulsatilla*, *rhus toxicodendron*, *sepia*, *staphisagria*.

2. Persistent suicidal impulse: Give successively, and following this order, a single dose of these five remedies in the 200th centesimal dilution, allowing each dose to act forty days: 1. *Bell.*; 2. *Nux vom.*; 3. *Puls.*; 4. *Aur.*; 5. *Ars.* This treatment would thus last two hundred days, giving each medicine only once.

3. It may be cured in other ways; for example, in paying regard to the disease which leads to suicide. Thus, when it is hypochondriasis which induces it, choose the best indicated amongst the following: *Staphisagria*, *nat. mur.*, *caust.*, *calc. carb.*, *graph.*, *alum.*, *sepia*, *sulph.*

4. The following are indicated for the impulse to commit suicide by firearms: *Alum.*, *calc. carb.*, *carbo veg.*, *china*, *nat. mur.*, *nux vom.*, *opium*, *sepia*, *sulph.*, *staphisagria*.

5. Suicide by throwing one's self under a carriage: *Ars.*, *lach.*

6. By drowning: *Bell.*, *ars.*

7. By dagger: *Ars.*, *bell.*, *nux vom.*

8. By poison: *Ars.*, *bell.*, *puls.*

9. By leaping from a height: *Bell.*, *hyos.*, *stram.*, *secale*, *nux vom.*, *aur.*, *ign.*, *silicea*.

10. By suffocation with carbon fumes: *Ars.*, *nux vom.*

11. Cutting the throat with a razor: *Acon.*

12. Impulse to suicide, with fear of death: *China*, *acidum nitricum*, *plac.*, *staph.*

13. From the death of a lover; from unfortunate love; from the despair of love: *Crust.*, *staph.*, *bell.*

Dr. Gallavardin quotes a series of remarkable observations in support of his statements, and, in conclusion, contrasts this wealth of homœopathic remedies with the meagreness of allopathy.—*Hom. World*, July 1, 1895.

THE ACTION OF MERCURY.—Before the British Homœopathic Society Dr. J. McLachlan presented a paper upon "Chronic Mercurial Poisoning in its Relation to Various Forms of Cerebro-Spinal Disease," in the course of which he analyzed

its action, and suggested its pathogenesis to indicate its homœopathicity to multiple sclerosis, chorea, paralysis agitans, locomotor ataxy, Friedrich's disease, mental diseases and neuralgia. In the ensuing discussion Dr. Richard Hughes said that he agreed with the author with regard to the homœopathicity of *mercury* to chorea and paralysis agitans, but with regard to affections like multiple sclerosis and locomotor ataxy, and so far as they knew anything about it, Friedrich's disease, he must accept the doctrine, as the French say, *avec reserves*. After carefully reviewing the subject, he asked Dr. McLachlan to consider these points: That of the true homœopathicity of *mercury* to locomotor ataxia and multiple sclerosis; whether its neuralgia was not a neuritis; and whether the "characteristic" mercurial symptoms, although valuable when present as indications, availed as contra-indications when absent. Still further interesting discussion followed, in the course of which Dr. Goldsbrough mentioned the relief temporarily afforded by *mercurius solubilis* in cases of paralysis agitans; and Dr. Dudgeon stated that judging from the symptoms of mercurial poisoning, it appeared to him more like what is called general paralysis than locomotor ataxy.—*Journal of the British Hom. Society*, April, 1895.

GUAIACUM IN RHEUMATIC AFFECTIONS.—Dr. W. A. Dewey thinks that one of the distinctive features of *guaiacum* from its provings is its use in rheumatic affections. Thus, we have lancinating and tearing pains in the extremities, producing contractions in the limbs: the pains are worse upon the slightest movement, and are accompanied by heat. Concretions form in the joints and distort them; this symptom distinguishes *guaiacum* from *colocynth*. *Ledum* has the symptom of gouty concretions in the joints, but the pains of *ledum* move from below upward. These contractions of the tendons, drawing joints out of shape, will at once distinguish *guaiacum* from *causticum*; it, however, follows *causticum* well. Some of these symptoms may suggest the use of *guaiacum* in sciatica, in which disease it has often been found useful. In fact, *guaiacol* has been found a useful remedy externally for sciatica and intercostal rheumatism by our allopathic friends. Akin to its action in rheumatism is its usefulness in chest pains. It has stitches in the left side of the chest at its upper part. "It is," Farrington says, "the best remedy for the pleurodynia accompanying tuberculosis." The location of the pain is characteristic, being under the upper three ribs on the left side of the chest.—*Med. Century*, July 1, 1895.

KALI CARBONICUM IN STITCHING PAINS IN THE CHEST.—Dr. H. Coullon was consulted by a servant girl of twenty-six years, who complained of stitching pains in the chest that prevented her from sleeping; dyspnœa on climbing the stairs; her former health was good. Kali carb. 12x, eight drops in one-half a cup of water, and a teaspoonful three to four times a night. The next night she slept well, and had not complained of the pains since.—*Leipziger Populære Zeitschrift fuer Homœopathie*, Nos. 7-8, 1895.

TREATMENT OF EPISTAXIS.—Dr. Hengstebeck has the patient take a warm foot bath and, internally, in mild cases, puls, nux vom., ammon. carb., crocus and especially natr. nitric. in low potencies. This latter remedy rather acts by eradicating the predisposition to epistaxis than by any immediate action. Pulsatilla acts best in females with nose-bleed from menstrual irregularities, and nux vom. when alcoholic drinks have been previously used to excess. Ammon. carb. serves well in persons of erethitic constitutions, and crocus is most frequently used in children. In severe cases these remedies will fail, and tamponade of the nostril will be necessary. The hæmorrhage once stopped, the cause should be sought out and treated. If associated with heart diseases all excesses as in drinking, smoking, eating and over-exertion should be prohibited, and strophanthus, digitalis, kali carb., ars., etc., be prescribed; patients with liver diseases should receive the same advice, and be treated with chel. card. mar., nux vom., natr. chol. In anæmic subjects the diet should be adjusted and remedies be administered to enrich the blood. Patients with hæmophilia must avoid all irritating foods and drinks, the amount of liquid be decreased and rather a vegetable diet be advised. In some cases all these means will fail, and it will be necessary to cauterize the bleeding spot with the galvano-cautery after local application of cocaine. The scab will be cast off in eight to fourteen days. Thus cases which have resisted all measures may be definitely cured.—*Leipziger Populære Zeitschrift fuer Homœopathie*, Nos. 11-12, 1895.

SULPHUR IODATUM IN WEEPING ECZEMA.—Dr. Berlin speaks very highly of sulphur iodatum in weeping eczema. He presents two cases of this variety of eczema associated with a varicose state of the legs where the itching was very pronounced, the weeping and oozing extensive, and where various local measures had been tried in vain. The characteristic symptoms are a dark red, swollen, and weeping eczematous surface, which itches terribly. A case of similar eczema of the arms in a child also yielded in fourteen days to this remedy in the third decimal trituration.—*Ibidem*.

CHAMOMILLA IN FACIAL NEURALGIA.—Dr. Greenfield was consulted by a patient who complained of right-sided facial neuralgia which radiated throughout the whole cheek into the right ear. He felt himself irritable and cross. His general health was otherwise good. Chamomilla 3x cured the neuralgia in a few days.—*Ibidem*.

PULSATILLA IN FACIAL NEURALGIA.—The preceding writer recently observed a man of 27 years, of delicate build and always sickly, who had contracted an occipital headache from catching cold. This yielded to rhus tox. 3x, when a right-sided facial neuralgia set in. It was extremely violent, nearly continuous, and aggravated at night; besides, he complained of mental depression, anorexia, and chilliness, which led to administration of pulsatilla (3x); the following day the pain had disappeared.—*Ibidem*.

HAMAMELIS IN UTERINE HÆMORRHAGE.—The same writer was called to a woman of 25 years who was suffering from continuous metrorrhagia in consequence of a miscarriage of two weeks before. Several allopathic hæmostatics had been given in vain. Hamamelis 1x soon controlled it in a few hours.—*Ibidem*.

AMMONIUM BROMATUM IN ASTHMA.—Dr. Greenfield reports a case of bronchial asthma which had persisted for six weeks, and where neither day nor night could the patient rest, and he could only pass his nights sitting. At the same time he suffered from anxiety and had hoarse breathing, with rattling râles. A characteristic tickling in the larynx tortured him into coughing continually, which augmented the asthma. Ammonium bromat. 2x was prescribed, and in twenty-four hours the attack had definitely ended.—*Ibidem*.

TREATMENT OF AMENORRHŒA.—Dr. P. Jousset states persistent amenorrhœa generally to be dependent upon a cachexia, as tuberculous or chlorosis; it may be also due to a cold, an emotion, or a change of climate—temporary amenorrhœa. Anæmia from retention requires surgical measures.

Essential Accidental Amenorrhœa.—At the beginning aconite will be found the chief remedy which will counteract the congestion; it frequently suffices to restore the health. If there are symptoms of congestion of the head with heat, beating and pain in the forehead, then glonoine will often be indicated. He employs the first few dilutions in water and four doses a day.

If the amenorrhœa be associated with spasms of the limbs and uterine colic caulophyllum will be the chief remedy, the first few triturations. If the disease be accompanied by palpitation of the heart with or without pain, cactus will be indicated. The sixth dilution. If then the health be good and the menses do not re-appear remedies will not be necessary. One should advise being in the open air as much as possible, amusement, a nutritious diet, and time to complete the cure. Yet if symptoms of anæmia are still present, then one of the remedies of service in chlorosis should be employed, as causticum, sulphur, conium, graphites, natrum muriaticum, ferrum, senecio, etc.

In the amenorrhœa which may precede or complicate pulmonary tuberculosis not much is to be hoped from remedies directed against the menstrual disturbance. The principal disease is to be treated. The pulsatilla, sulphur and calcarea recommended by Ludlam have no influence upon this suppressed function, while an amelioration of the pulmonary, cardiac or renal disease by appropriate treatment will be followed by a re-establishment of the menses.—*L'Art Medical*, No. 3, 1895.

HAMAMELIS IN RHEUMATISM OF THE SCAPULA.—Dr. Koech speaks very highly of this remedy in rheumatism of the scapula, where he has used it successfully in several cases. He regards it as a specific in affections of the last five cervical nerves.—*Rivista Omiopatica*, No. 5, 1895.

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COMPARISON OF RESULTS OF VARIOUS METHODS OF MEDICAL PRACTICE,
CHIEFLY OF THOSE KNOWN AS HOMŒOPATHIC AND ALLOPATHIC.

BY CONRAD WESSELHOEFT, M.D., BOSTON, MASS.

(Professor of Pathology and Therapeutics Boston University School of Medicine.)*

IN the calm dignity of our great meetings of doctors of medicine, or in the peacefulness with which they follow their very arduous profession, is there any assurance that the practice of medicine in its various forms has reached its highest point of success?

It is well that we see our medical assemblies conducted with dignity. It is well that conventional customs give the forms of peace to daily intercourse of doctors in private practice. It is a great step in advance of times long gone, but dignity and peace are only the roof beneath which medical men dwell; inside the common habitation are several distinctly separated compartments which the dwellers in each cross only at the risk of discord.

Doctors of medicine are yet, perhaps always will be, divided into "schools" or "sects," according to their methods of prac-

* This paper was first intended for the American Institute, but the writer having been prevented from attending the meeting at Newport, and unable to finish the article in time, he gladly accepts the offer to publish it in the HANEMANNIAN.

tice. This is as it should be, but it is stating the case from a too liberal point of view. Differences in methods of practice there must be of natural necessity, but unfortunately the differences are those of belief, of dogmatism and dogmatic partisanship, which, having long ago entered into the social relations of medical men, have separated them much more sternly than any difference of inductive knowledge could have done.

This is the case chiefly in the old and new, or allopathic and homœopathic schools, or sects, parties, or by whatever name they may be called. While a peaceable mode of living together without open conflict has been tacitly adopted, the partisan distinctions are as clearly defined as ever; while greater community of knowledge draws the doctors closer together, and offers itself as a peacemaker; this is still spurned as if both parties prefer partisanship as an excuse for continued separation.

It has long been time, it is time, and time always will be when this state of things in the world of doctors should be replaced by another state. This is, or should be, the shaking off of the fetters of partisanship based on belief and the return to the *comparison of knowledge and results of practical application of knowledge of each existing method with the other.*

If one party espousing a certain method of practice can, by comparison, exhibit better results than another method, it should in the nature of things be recognized, and should lead to an improvement along the whole line. This, surely, would do away with partisan distinctions. There never can be so much acrimonious and personal antagonism regarding a matter of knowledge pure and simple as that engendered by partisanship based on belief. One who demonstrates to another his scientific inaccuracy will cause a schism lasting only while the question at issue is unsolved.

In the present state of affairs between the dominant schools and within each school itself, it must be taken for granted that the scientific questions at issue are unsolved, or else why this social and personal separation? We cannot rest at ease without searching for its reasons, and without trying to settle them.

The condition is complex, to be sure, but there is a way out of it if a method of solving the problem can be found. The complexity consists, first, in the claims of superiority of one

school over the other in general, and, second, in the claims of individuals of either school of this superiority over others. If this were not so, the partisan and scientific separation would have ceased to exist long ago. That is, they would have been given up if such claims did not exist, because there could be no cause of contention. It may seem as if the contention lay mainly in vain partisanship founded on faith. This is so in certain instances, but the moment the opponents meet or discuss each other's demerits, it is fortunate that questions of fact and knowledge come to the front.

The reason for the continuance of the contention is that doctors collectively and individually criticize each other's practice without sufficient proof of the superiority which each one claims. Unfortunately, the scientific proof is too often, if not always, avoided in claiming superiority. Whether this claim is held out by a class or by an individual of another class, or of the same school, the claimant who says your practice is wrong, bad or even quackish, regularly avoids or ignores this obligation to prove that his results are far better and greater.

We find this in the old school as against the new; we find it in the individuals of the old school as against themselves; and we find precisely the same in the new school, where intramural strife is also quite rampant. The principal reason in both instances is that knowledge of actual things is neglected in favor of partisan or sectarian controversy.

Some will assert that evidence is not wanting to point out which method or school is the best. This cannot be the case, or else progress towards greater harmony would have been more marked. As yet, there are very feeble indications of it.

As in religious matters, each sect claims recognition and special rights, so it is in medical circles, where separate hospitals are erected not only for the exercise of different methods, but from apparently irreconcilable differences in partisanship; just as if in a more advanced state of medical society such differences could not be tested under one roof. That such is possible, and that it is fraught with the happiest results, is demonstrated by a few instances which, however, in the not distant future promise to multiply rapidly. In this vicinity in four towns there are hospitals where both methods of practice are cultivated under one roof, and, we are happy to add, most

amiably. This is a great sign of progress, although at present it is confined to the social and ethical status of things; while in matters of actual knowledge regarding the relative merits of each method of medical practice (exclusive of surgery and its specialties), no progress is as yet visible.

The above assertion that evidence in settlement of the question of the relative merits of the dominant methods (allopathy and homœopathy) is wanting, needs very careful consideration. It would far exceed the limits and intention of this article to collect and enumerate all the material from which evidence might be drawn. As yet, this material is widely scattered, fragmentary, and so far as examined, it furnishes less evidence than testimony. The latter, of course may, but does not necessarily contain evidence. This can only be collected by much labor and unlimited time, which is never at the disposal of the general practitioner. That which as yet does not exist, must be furnished.

What we need is accurate statistical data on a large scale to show what method, if any, so far has the best results; first, as between the old school and the new, then as between the sects in the new or homœopathic school.

The attempt at comparison between single individuals would amount to nothing, and may be disposed of summarily here. Individual practitioners, though in large practice extending over a lifetime, never exhibit an array of any class of diseases treated by them, numerous enough to draw reliable statistical conclusions from, even with plenty of time to arrange them in proper form. If the short lists so far furnished by individuals of the same school from private practice were compared, they would show considerable discrepancies.

We have, besides, in all our periodicals a mass of testimony showing success in selected cases, coupled with conclusions as to the general success of the method employed, none of which can be said to have had more than a transient local effect perhaps to inspire beginners with enthusiasm; but as an element of statistical evidence, such reports are useless or misleading.

The following are a few examples of statistical testimony: For the comparison of results of expectant treatment with active medication in acute articular rheumatism, Dr. Gouzee, of Antwerp, merely states that the former is far superior. Dr.

Gull, of Sutton,* concludes from twenty-five cases that expectant treatment is the best. Dr. Smoler draws the same conclusion from two hundred cases of rheumatism, with a mortality of 6 per cent., and these were due to "complications." These were under allopathic treatment, while under homœopathic treatment Dr. Fleischmann lost none out of 1417 cases (1834-1855 at Gumpendorf). Out of 759 cases of acute and chronic rheumatism, 756 recovered. Out of 888 of inflammation of the joints, there were seven deaths from miliary fever.

The reviewer, James Rogers, M.D., attributes the discrepancy in favor of homœopathy to a classification peculiar to Dr. Fleischmann. This we will not discuss here, as we intend to examine only the form in which testimony is offered. The reviewer often finds fault with the hasty or brief manner in which the history is given. Further reports state: In the Leopoldstadt Hospital 743 cases were treated homœopathically with 2 deaths; in the allopathic section of the same hospital 448 cases were treated without any deaths. Comparing these and many other cases, omitted here for the sake of brevity, Drs. Wurmb and Caspar are verbally quoted as admitting that the result of homœopathic treatment was exactly the same as that of expectant treatment. This relates entirely to rheumatism, while in intermittent fever the success is determined by the frequency with which the paroxysms return after treatment with medicine is begun. Drs. Wurmb and Caspar, as homœopaths, claim that though under their treatment paroxysms were more frequent than under allopathic treatment with quinine, the homœopathic cures were more lasting. These conclusions were drawn from a list of 77 cases, while we have no statistical numbers given us of allopathic treatment—which impairs the comparison.

With regard to the comparative methods of all kinds of treatment of typhus and typhoid fevers, we find an interesting abstract of Dr. Millie's, of Leipzig, who in an elaborate analysis of forty-seven publications on typhus deplores the great variety of methods of treatment of that disease and the praises that each author gives to his own. Here, as elsewhere, the

* This and the following statistical quotations were taken from James Rogers, M.D., "On the Present State of Therapeutics." London, Churchill & Sons, 1870.

success is measured by the mortality which, as under allopathic treatment, is given by Dr. Smoler, of Prague, as 15 per cent. Dr. Huss, of Stockholm, gives it as 11.5 per cent. of males and of 8.6 per cent. of females, or 10.6 per cent. of both sexes. From a list of 34 cases taken from the Civil Hospital of Prague, only 3 died, one of these of cholera, giving about 6 per cent. Of 447 typhus fever cases in 1865 in the Edinburgh Infirmary, 16.33 per cent. died, or 13.23 per cent., deducting 16 hopeless cases. Or, adding together cases of typhus and enteric fever, the latter being a milder form, the mortality would be 12.2 per cent.

Dr. Murchison states the mortality from typhus (as distinct from typhoid) in the London Fever Hospital during fourteen and a half successive years at 17.94 per cent.; the number of cases treated is not stated in the source here quoted. Of 9485 cases of typhus in the Glasgow Infirmary from 1843 to 1853, 18 per cent. died; and of 1402 cases during 1857-1861, 16.83 per cent. died, etc. This was under allopathic non-expectant treatment. In Vienna at another period between 1853 and 1861 under allopathic non-expectant treatment, the mortality ranged from 18.7 to 23.4 per cent. Here, also, the number of cases treated is not stated, an omission which mars the testimony.

Quite an array of allopathic authors is quoted as having lost only about 3 to 6 per cent. under special methods of treatment of their own.

Homœopathic physicians, on the other hand, claim a much smaller percentage of mortality computed from comparatively small numbers of cases treated. Thus, a Dr. Rapou lost none out of seventy to eighty cases, to which a Dr. Gabalda takes exception.

Drs. Wurmb and Caspar, again, who have to do statisticians' duty in the homœopathic ranks, lost eleven out of eighty-nine cases, or 12.36 per cent., which are said to include cases of "intestinal catarrh."

The opponents of the school of Wurmb and Caspar are constantly endeavoring to discredit their statistics on the ground of diagnostic errors, forgetting their own incompetency in this respect. Yet it is true that statistical testimony of both sides needs much pruning. Thus it is calculated that, omitting from allopathic statistics the cases of "intestinal catarrh," which the

homœopathic records include, the allopathic treatment would have given better results by 2.43 per cent. (Rogers, p. 162).

If it is fair to admit that the allopaths were invariably correct in distinguishing cases of typhus and "intestinal catarrh;" admitting also that the latter is not an arbitrary attempt at classification of the great variety of forms of typhus or typhoid fevers; and admitting the asserted invariable carelessness and ignorance of the homœopaths, then the above statistical results might stand unshaken; but as such admissions or assumptions are unworthy of a fair-minded statistician, such conclusions will not stand.

The inadequacy of statistics is well illustrated by the reports and discussions of the results of the two dominant methods of treatment. Dr. Rogers says: "Homœopathy owes much to cholera, for it was in consequence of Fleischmann's success in treating that disease that permission was granted to homœopathic practitioners to treat patients according to their system throughout the Austrian dominions."

But it appears that, from a general computation of results of non-homœopathic treatment all over the world, the mortality has varied from 30 to 70 per cent. According to some homœopathic writers like Dr. Stens, the mortality under homœopathic treatment was as low as $8\frac{1}{2}$ per cent., while under allopathic treatment it rose as high as $51\frac{1}{2}$ per cent.; while Dr. Rubini, of Naples, later of cactus fame, claimed in his pamphlet to have treated 680 cases of cholera with saturated solution of camphor without the loss of a single patient.

These very favorable statements are justly considered as exaggerations by homœopaths, such as one of the editors of the *British Journal of Homœopathy* (vol. xv., p. 130). Dr. Ker and also the very reliable Dr. Hirschel, both well-known homœopathic physicians, also throw grave doubts upon such statements, their doubts being based on a more careful and less enthusiastic examination of reports. Thus, according to homœopaths themselves, the mortality under their treatment varies from 20 to 50 per cent. But, still quoting from Wurmb and Caspar, it appears that, in 1850, 423 were received into the Allgemeine (General) Hospital of Vienna, of which 227 died, giving a mortality of 53 per cent. During the same period 171 were received into the homœopathic section of the Leopoldstadt Hos-

pital. Of these, 60 died, resulting in a mortality of 35 per cent., giving a general difference of 18.6 per cent.

Here, as in the discussion of typhus, it is urged that the homœopaths did not distinguish between choleraic diarrhœa and genuine cholera, whence their much smaller percentage of mortality was computed.

The comparison of the results of both parties, such as discussed by Dr. Rogers, leaves the homœopathic the superior method of treatment. The only element of doubt is to be found in the comparison of small numbers of cases with very large ones; and here, as elsewhere, it is apparent that our statistics, as well as the methods of their computation, are very incomplete. For instance, instead of comparing 423 cases of cholera under allopathic with only 171 under homœopathic treatment, it would have been more correct to have compared the latter with the *first* 171 cases, instead of the whole number in the allopathic hospital. In the absence of this precaution, and in the absence of a number of homœopathically treated cases equal to those treated allopathically, it is impossible to state what the result might have been. Again, the hundred cases treated one way compared with an hundred treated in another way might easily yield a very different result than a thousand cases of each kind compared with each other.

The same applies to the comparison of treatment of pneumonia, in which allopathic, homœopathic, and expectant treatment have been compared with the following result: Dr. Rogers says (p. 174): "There can be no doubt whatever that the great changes which have taken place more recently in the treatment of this disease (pneumonia) must be ascribed, in the first place, to the results obtained in practice by some homœopathic practitioners, especially by Dr. Fleischmann, of Vienna. They emboldened Dr. Dietl to make trial of the expectant plan on a large scale in this disease, and the result of his trial has been to upset the firmly grounded belief in the indispensable necessity for using venesection and other heroic remedies in the treatment of pneumonia."

Dr. Rogers states in round numbers that in the earlier part of this century the mortality of pneumonia varied from 15 to 35 per cent. He also quotes a number of instances of non-homœopathic treatment where the mortality was much less.

Dr. Hughes Bennett, of Edinburgh, employing his "restorative" treatment of beef-tea and wine, lost only 4 out of 129 consecutive cases. Dietl, on the other hand, tested the purely expectant method on a much larger scale in 1847 to 1850. The result was, that of 750 cases thus treated, 69 died, giving a mortality of 9.2 per cent., or 1 in 10.87, with an average duration of twenty days. This embraces all grades of cases—light, severe, complicated, and uncomplicated.

To show how statistics may be discredited, the objection was raised that Dietl's results could not be credited without detailed statements of each case, to which Dietl replied that even if he had time to write them, nobody would have found time to read them. Again, it was asserted by Dr. Dinstl, Dr. Dietl's successor, that after the departure of the latter, the mortality increased again from 20 to 27 per cent., although bleeding and drugs were rarely used. The fact is, they *were* used, and there was a strong opposition to Dietl, amounting almost to persecution. It was attempted to discredit his results, on the ground that complicated cases were less numerous during the years of his treatment than before or afterwards, and we are to-day realizing the experience that younger generations profit little or nothing from the experiences of the past.

The homœopathic treatment of pneumonia was so favorably stated in its statistics that, like the results of Dietl, it was discredited on very unfair grounds. Dr. Fleischmann's diagnosis was doubted and denounced. Wurnb and Caspar, who lost none of 19 cases in 1850, were said to have arranged their cases of pulmonary diseases differently from the manner generally adopted. Later on, 1854, Dr. Caspar gives an account of 92 cases, with 6 deaths, or 6.5 per cent., which statement is sought to be discredited by figuring out that he had fewer complicated cases while he claimed to have more. Again, Dr. Eidherr, in 1862, published a list of 106 cases of pneumonia (1849–1860), all of which recovered. Dr. Rogers claims that these were cases selected to illustrate the action of certain homœopathic potencies. Just the reverse was true; the cases were not selected, but the potencies were, which was quite proper.

Again, Dr. Eidherr publishes a series of cases of nine successive years, in which the mortality was 7.2 per cent. These

were variously reviewed and criticized to show what influence circumstance has on the result of treatment. Thus, Eidherr's cases were said to be uncomplicated, of young patients having enjoyed good health previously, etc.,—all tending to diminish the mortality. The same objection was made to Dr. Tessier's 41 cases, with a mortality of 7.3 per cent. under homœopathic treatment.

The results of treatment of 239 cases at Gumpendorf gave a mortality of 5.85 per cent.; of 94 cases at Leopoldstadt, a mortality of 9.57 per cent., and of 104 cases in the allopathic section of the same hospital a mortality of 12.5 per cent.

Instead of trying by homœopathic treatment to achieve similar results, the allopaths resort to "arithmetical computation," varying their factors and elements to show that with such variations results no better than their own would have been obtained. Or, again, they compare circumstances, and say, "If those surrounding our cases had been as favorable as yours, our results would have been as good, or even better. As figures stand to-day with regard to pneumonia, there is a difference of at least from 15 per cent. in favor of homœopathy, as against hypermedication and bleeding, and 3 to 4 per cent., as against simple expectant, non-homœopathic treatment.

The above statistics were collected to show the inadequacy of the material thus far at our disposal. One of the chief sources of the unreliability of the varying results lies in the comparison of unequal numbers; that is, of small numbers with large numbers, or of small numbers with other small and unequal numbers. It is easy to see how one method may seem to be absolutely successful in thirty cases, while in an hundred—or, still more, in a thousand—the result would have been quite different.

Different years of epidemics, unavoidable uncertainties of diagnosis, also lead to varying statistical results. In order to obviate these differences in future, we must have large numbers for comparison. These numbers should not only be taken from one year, but from several years; ten are not too many for the purpose of statistical comparison. The number must be derived from ample hospital sources of all methods of practice, including chiefly those known as allopathic and homœopathic.

One other important consideration should be not only to

compare large numbers (*e. g.*, from three to five hundred cases), but the comparison should be from equal numbers. Furthermore, the object of statistical comparison should not only be that of schools, but the different methods within schools, especially with regard to the effects of high and low attenuations in homœopathic treatment. Cases treated with alternated medicines must be kept separate, in order to be compared with cases treated with single remedies. Cases treated with "high potencies" must be separately rubricked in order to be compared with cases treated with lower potencies, etc.

In order to accomplish useful results, it should be made obligatory on hospital officers to keep their records in this way. In preparing such statistics, it is desirable not only to know the rate of mortality, but to be able to estimate the effect of medication on the course of the disease in cases of recoveries, and to know whether the treatment has prolonged or shortened the course of the disease, whose normal time is approximately known; and then the tables should be arranged in columns showing the duration of a case before and during treatment.

To save time and labor, it would be desirable to select from hospital records only one or two classes of acute diseases, such as pneumonia, articular rheumatism and typhoids whose normal course is at least approximately known, in order that the effect of medication may be better estimated. At all events, such acute diseases should be separately rubricked from the chronic neuroses which would offer too great a difficulty for statistical purposes.

It is in this way that the results of different methods of practice can be estimated. All sensible men who have ceased to be troubled by partisan strife of the "schools," would gladly welcome a grand movement in the direction of fairly tabulated statistics from large numbers of cases. Unless homœopathic and allopathic hospitals encourage and gradually complete this work, they will miss the most important part of their purpose. This purpose is not only to give kind medical care to patients, but to strive towards the determination of the best method of curing diseases. This can only be determined by comparison of existing methods as well as of methods which may yet be discovered.

THE TWENTY-FOUR HOURS' URINE OF THIRTY-TWO PATIENTS WITH DIABETES MELLITUS (GLYCOSURIA WITH POLYURIA.)

BY CLIFFORD MITCHELL, A.M., M.D., CHICAGO, ILL.

(Professor of Renal Diseases, Chicago Homœopathic Medical College.)

I HAVE made complete examination of the 24 hours' urine of 32 persons having glycosuria with polyuria and in the following article I shall describe the characteristics of the urine so far as to include ratio of day urine to night urine, specific gravity, per cent. of sugar, relation of specific gravity to per cent. of sugar, per cent. of urea, total urea per 24 hours, relation of mortality to urea excretion, ratio of sugar to urea.

The object I have in view is to point out differences and resemblances in the various cases with an attempt to classify roughly for clinical purposes those cases having certain points in common.

The cases are all from private practice and with few exceptions Americans. This article will not include general observations on my entire list (72) of diabetics nor discuss the subject of glycosuria unaccompanied by polyuria, the latter being treated in a series of papers appearing in the *North American Journal of Homœopathy*, but will deal only with polyuric cases.

RATIO OF DAY URINE TO NIGHT URINE IN GLYCOSURIA WITH POLYURIA.

The total number of 24-hour collections was 68. In 25 collections the night urine was obtained separately from the day; the ratio of day to night was 1 to 1 in 8 collections; less than 1 to 1 once; between 1 and 2 to 1 in 7 collections; 2 to 1, five times; between 2 and 3 to 1, once; 3 to 1, three times.

In other words in 15 out of 25 collections the day urine was less than twice the night, or 60 per cent. The day and night urine were equal in volume in about one-third of the collections. In only 12 per cent. of the collections was the day urine three times the night, and in no collections at all was it 4 or more times the night.

SPECIFIC GRAVITY IN GLYCOSURIA WITH POLYURIA.*

The specific gravity of the 24-hours' urine was recorded in 66 out of the 68 collections; the highest was 1042, the lowest 1021, the latter in a collection in which there was 2 per cent. of sugar. Specific gravities 1040 to 1042 were found in 14 out of the 68 collections; from 1035 to 1040, in 15; from 1030 to 1035 in 16; from 1025 to 1030, in 11; from 1020 to 1025 in 10. A little less than half the collections, then, showed a specific gravity of 1035 or upwards; two-thirds were 1030 or upwards; about half were between 1030 and 1040, not including those of 1040; a little more than half were between 1020 and 1035.

There were 10 persons who furnished more than one 24-hour collection; the specific gravities in these 10 cases were as follows:

Case No. 1, 1035, 1034; Case No. 4, 1040, 1036, 1040; Case No. 16, 1040, 1040, 1040, 1040, 1034, 1042, 1040, 1041, 1036, 1038, 1040; Case No. 20, 1025, 1022; Case No. 25, 1032, 1033, 1022, 1040, 1037; Case No. 63, 1032, 1030, 1030; Case No. 32, 1030, 1028, 1036, 1037, 1029; Case No. 26, 1028, 1034, 1036, 1031; Case No. 47, 1030, 1024, 1025, 1025, 1023; Case No. 70, 1023, 1035, 1033.

It will be seen from the above that in only 3 out of the 10 cases, were any considerable fluctuations in the specific gravity observed. In Case No. 25 this is accounted for by the fact that the comparatively low specific gravity, 1022, was obtained after 10 days of what was almost starvation; in Case No. 32, the patient was a boy who might have been irregular in his diet. Case No. 70 was that of a patient who furnished three 24-hour collections, two of them showing polyuria, one oliguria; it goes without saying that the low specific gravity, 1023, was obtained in the collection from which sugar was absent, and in which less than 3 pints of urine per 24 hours were obtained. Also in Case 32 the lower specific gravities were found in urines normal or subnormal in 24-hours' quantity.

So then in cases of glycosuria with polyuria, in which more than one 24-hour collection was obtained, no very considerable fluctuations in specific gravity were noticed, a difference of from 2 to 6 or 8 degrees at different times for the same indi-

* Squibb's urinometer was used in urine at 77° F. (25° C.)

vidual being all that was usual. Case No. 16, female adult, illustrates the tendency of a patient to void urine, even at long intervals, of about the same specific gravity; in this case there were fourteen 24-hour collections covering a period of *two years and a half* and recorded specific gravities showed 9 from 1040 to 1042 inclusive, 3 from 1036 to 1038, 1 of 1035, 1 of 1034.

PER CENT. OF SUGAR IN DIABETES MELLITUS.

Using Roberts's differential density fermentation method, the highest per cent. of sugar found was 7. Above 4 per cent. was found in 24 collections out of 68. Four per cent. or nearly, was found in 12 collections; between 3 and 4 per cent., the latter not included, was found in 13 collections; between 2 and 3 per cent., the latter not included, in 6 collections; less than 2 per cent. in 8 collections; less than 1 per cent. in 3 collections. Lowest per cent. was one-tenth of 1 per cent. in Case 32 when 1250 c.c. were passed in 24 hours; none at all was found in one collection of a man who was polyuric twice out of three times. In more than half the collections, in cases of polyuria, then, the percentage of sugar was 4 to 7, and in about three-quarters of the collections, the percentage was 3 or upwards. Less than 1 per cent. in cases of glycosuria with polyuria is rare, being found in but 3 patients out of 32 and in 4 collections out of 68.

RELATION OF SPECIFIC GRAVITY TO PERCENTAGE OF SUGAR.

This is best shown by means of a table of the 68 20-hour collections.

In other words, 7 per cent. of sugar was found in urine of the following specific gravities: 1042 and 1040; 6 per cent. in urine of 1040 three times, 1039 once, 1036 once, 1032 once, 1030 twice; between 5 and 6 per cent., not including either figure, in urines of specific gravity 1040, 1040, 1040, 1038, 1036, 1034; 5 per cent. in urines of 1040, 1038, 1037, 1035, 1030, 1030; between 4 and 5 per cent., not including either figure, in urines of 1033 and 1031; 4 per cent. in urines of 1042, 1042, 1040, 1036, 1035, 1035, 1033, 1032, 1030, 1030, 1027, 1024; between 3 and 4 per cent., not including either figure, 1036, 1035, 1026, 1025; 3 per cent. in urines of 1035, 1034, 1032, 1030, 1030, 1025, 1024, 1022; between 2 and 3

per cent., not including either figure, in urines of specific gravity 1036, 1034, 1032; 2 per cent. in 1025, 1025, 1021; between 1 and 2 per cent., not including either figure, in 1041, 1040, 1026, 1025; 1 per cent. in urine of 1023; less than 1 per cent. in urines of 1029, 1028, 1022.

Table Showing Specific Gravities Compared with Percentages of Sugar.

Case No.	Specific Gravity.	Per cent. of Sugar.	Case No.	Specific Gravity.	Per cent. of Sugar.
1	{ 1035	5	27	1032	4
	{ 1034	$5\frac{1}{2}$	28	1026	$3\frac{1}{2}$
	{ 1040	4	30	1042	7
4	{ 1036	$5\frac{1}{2}$		{ 1030	4
	{ 1010	6		{ 1028	0.1
9 .....	.....	$1\frac{2}{3}$	32	{ 1036	$3\frac{1}{2}$
11	1025	2		{ 1037	5
12	1036	4		{ 1029	$\frac{1}{2}$
13	1021	2	36	1040	$5\frac{1}{2}$
	{ 1040	$5\frac{2}{3}$	39	1027	4
	{ 1040	7	41	1035	3
	{ 1040	6	44	1024	4
	{ 1040	$5\frac{3}{4}$	45	1032	3
	{ 1034	3		{ 1030	3
	{ 1042	4		{ 1024	3
16	{ 1040	$1\frac{2}{3}$	47	{ 1025	3
	{ 1041	$1\frac{1}{4}$		{ 1025	2
	{ 1036	$6\frac{1}{2}$		{ 1023	1
	{ 1038	5	50	1042	4
	{ 1040	$5\frac{2}{3}$	53	1026	$1\frac{1}{2}$
	{ 1038	$5\frac{1}{2}$	57	{ 1030	5
	{ 1040	5		{ 1030	5
	{ 1035	5	62	1036	6
17	1033	4		{ 1032	$2\frac{1}{2}$
20	{ 1025	$3\frac{3}{4}$	63	{ 1030	4
	{ 1022	3		{ 1030	3
	{ 1032	6	66	1035	6
25	{ 1033	$4\frac{1}{2}$	68	1035	4
	{ 1022	0.6		{ 1035	4
	{ 1040	$6\frac{1}{4}$	70	{ 1033	$3\frac{3}{4}$
	{ 1028	$3\frac{1}{2}$	71	1025	1.87
26	{ 1034	$2\frac{1}{2}$	72	1039	6
	{ 1036	$2\frac{1}{2}$			
	{ 1031	$4\frac{1}{4}$			

So, then, it appears that 4 to 7 per cent. of sugar is found in urines of specific gravity less than 1030, but rarely; 7 per cent. in never less than 1040; 6 per cent. in never less than 1030; between 5 and 6 per cent. never less than 1030; 5 per cent. never less than 1030.

Four per cent. of sugar was found in urine of as low gravity as 1024; 3 per cent. as low as 1022; 2 per cent. as low as 1021.

On the other hand, urines of specific gravity 1041 and 1040 have been found to contain less than 2 per cent. of sugar; but only in the case of one patient.* Urines of as high specific gravity as 1029 may contain but $\frac{1}{2}$ of 1 per cent. of sugar, and polyuric cases of as low specific gravity as 1021 may contain as much as 2 per cent. of sugar.

It is unsafe, therefore, to depend on the specific gravity of the urine, as has been done from time immemorial. To give us an idea of the quantity of sugar excreted, case No. 16 affords an excellent illustration of the lack of fixed relation between the specific gravity and the per cent. of sugar. In this case a specific gravity of 1040 showed on one day 7 per cent. of sugar, and on another day 1041 showed only $1\frac{1}{4}$ per cent.! In case 32, with a specific gravity of 1030, we find 4 per cent. of sugar; but in the same case, with a specific gravity of 1028, we find only one-tenth of 1 per cent., or 40 times less sugar from a fall in specific gravity of only 2 degrees.

(In this last sample of urine mentioned there was no sugar found by fermentation. The specific gravity after fermentation was the same as that before when taken at the same temperature (77° F.); but 8 drops boiled with a fluidrachm of Haines's sugar test solution gave a reaction after the test-tube was cooled, indicating a small amount of sugar, about one-tenth of 1 per cent.)

Then, again, in case 63 (male about 30 years old), with a specific gravity of 1032, we find $2\frac{1}{2}$ per cent. of sugar; but with one of 1030 there is 4 per cent.

PERCENTAGE OF UREA IN GLYCOSURIA WITH POLYURIA.

The highest percentage of urea found was in case 70, a man of 59, now weighing 168 pounds, former weight 175 to 180. The first time I saw his urine there was no sugar at all in it by Haines's test; but there were 35 grammes of urea per liter or $16\frac{1}{2}$ grains to the ounce. But in a polyuric case with sugar present the highest percentage excretion of urea found was in case 32† in the fifth collection, 29 grammes per liter or $13\frac{1}{2}$ grains per fluidounce. In case 63, first collection, I found

* So far as could be ascertained no antiseptic was taken internally or added to the urine.

† Boy of 10. See Dr. Tooker's book on *Children*, p. 475.

28 grammes per liter or 13 grains per fluidounce. In case 32, first collection, there were 27 grammes per liter or $12\frac{1}{2}$ grains per ounce. In case 41 (female child, now dead), there were 23 grammes per liter or 10 grains per ounce. But in all the other collections 21 grammes per liter was the highest figure found, and most of the estimations showed less than 20 grammes per liter as follows: 21 grammes per liter, once; 20 grammes per liter, twice; 15 to 20, not including the latter figure, 17 times; 10 to 15, not including the latter figure, 23 times; 5 to 10, not including the latter figure, 12 times; less than 5 grammes per liter, none. Lowest figure, 5 grammes per liter or $2\frac{1}{2}$ grains per fluidounce. 43 out of 59 estimations showed urea from 10 to 21 grammes inclusive per liter or about 5 to 10 grains per ounce; 35 out of 59 showed urea between 5 and 15 grammes per liter or $2\frac{1}{2}$ up to 7 grains per ounce. A greater number of cases were found between 10 and 15 grammes per liter or 5 up to 7 grains per ounce than in any other range of 5 grammes.

The relation which the percentage* of urea bears to the specific gravity and the percentage of sugar may be shown by tables (p. 642).

We have here a number of different cases, as follows:

1. Those in which increased sp. gr. and sugar are attended by decreased percentage of urea, as No. 32.

2. Cases in which this relation is somewhat irregularly observed, as in 16, 25, 47, 70.

3. Cases in which a fairly high percentage of sugar is accompanied by a fairly high percentage of urea, as in 36, 39, 41, 66.

4. Cases in which a high percentage of sugar is accompanied by a low percentage of urea, as in 1, 17, 27, 28, 30, 57, 62, 72.

5. Cases in which no relation between the specific gravity, on the one hand, and the urea and sugar, on the other, can be seen, as in the 7th and 8th collections of No. 16; in No. 26, where the lowest specific gravity is attended by the most sugar and urea, and *vice versa*.

The fallacy of attempting to follow the percentage of sugar by means of the specific gravity is illustrated by Cases 63, 28,

* The so-called percentage of urea may be found in each case by dividing the figure representing grammes per liter by 10.

Case No.	Specific Gravity.	Per cent. of Sugar.	Urea, Gms. per Liter.	Case No.	Specific Gravity.	Per cent. of Sugar.	Urea, Gms. per Liter.
1	1035	5	13	28	1026	3½	10
	1034	5½	8½	30	1042	7	10
	1040	4	21		1028	1½	27
4	1036	5½	16		1036	3½	11
	1040	6	19	32	1037	5	5
13	1021	2	12½		1029	½	29
	1040	5½	.....	36	1040	5½	15
	1040	7	.....	39	1027	4	20
	1040	6	.....	41	1035	3	23
	1040	5¾	16	44	1024	4	11
	1034	3	20	45	1032	3	14½
	1042	4	19		1030	3	19
16	1040	1¾	14		1024	3	11
	1041	1½	15	47	1025	3	18
	1036	6½	8		1025	2	11½
	1038	5	12		1023	1	18½
	1040	5¾	11	50	1042	4	16
	1038	5½	12	53	1023	1½	19
	1040	5	17	57	1030	5	7
	1035	5	12		1030	5	5½
17	1033	4	7	62	1036	6	8½
20	1025	3¾	14		1032	2½	23
	1022	3	.....	63	1030	4	10¾
	1032	6	5½		1030	3	8¾
25	1033	4½	15½	66	1035	6	15
	1022	0.6	16	68	1035	4	13
	1040	6½	9		1023	...	35
	1028	3¾	19½	70	1035	4	13
	1034	2½	10		1033	3¾	14
26	1036	2½	10	71	1025	1.87	17
	1031	4½	12	72	1039	6	9¾
27	1032	4	8½				

DESCRIPTION OF THE CASES ALLUDED TO IN THE TABLE.*

Case 1.—Boy of 10, now dead ; passed 5555 c.c. of urine in one 24-hour collection and 7400 c.c. in another (11 to 15 pints).

Case 4.—Adult, female, now dead ; passed 2000 to 2125 c.c. (4 pints).

Case 13.—Young lady, now dead ; passed 2460 c.c. (5 pints).

Case 16.—Middle-aged woman, now dead ; passed from 1030 to 5340 c.c (2 to 11 pints).

Case 17.—Adult male, now alive ; passed 5850 c.c. (nearly 12 pints).

Case 20.—Adult male, now dead ; passed from 1200 to 3900 c.c. (2½ to 8 pints).

Case 25.—Adult male, now dead ; passed 775 c.c after fasting ten days, but usually from 3420 to 8750 c.c. (7 to 18 pints).

Case 26.—Man, 55 years, alive ; passes from 3000 to 4500 c.c. (6 to 9 pints).

Case 27.—Adult male, alive ; passed 3250 c.c (6½ pints).

Case 28.—Adult male, condition unknown ; passed 2970 c.c. (4 pints).

Case 30.—Woman, 50 years, alive ; passed 3100 c.c. (6 pints),

Case 32.—Boy, 10 years, alive ; passes 1000 to 2550 c.c. (2 to 5 pints).

Case 36.—Woman, elderly, condition unknown ; passed 2040 c.c. (4 pints).

* Extract from the general list in Paper I. of the series in the *North American Journal*.

- Case 39.—Man, 45 years, now dead ; passed 4050 c.c. (8 pints).
 Case 41.—Girl, 12 years, now dead ; passed 2800 c.c. (nearly 6 pints).
 Case 44.—Woman, 55 years, condition unknown ; passed 2500 c.c. (5 pints).
 Case 45.—Woman, 55 years, now living ; passed 1950 c.c. (4 pints).
 Case 47.—Man, 45 years, alive and well ; passes 1120 to 2100 c.c. (2 to 4 pints).
 Case 50.—Adult male, condition not known ; passed 2200 c.c. (4 pints).
 Case 53.—Woman, 55 years, alive ; passed 1950 c.c. (4 pints).
 Case 57.—Man, 45 years, alive ; passes 5000 to 6000 c.c. (10 to 12 pints).
 Case 62.—Man, about 55 years, alive ; passes 4000 c.c. (8 pints).
 Case 63.—Man, 30 years, alive ; passes 1550 to 4175 c.c. (3 to 8 pints).
 Case 66.—Adult female, alive ; passed 5000 c.c. (10 pints).
 Case 68.—Woman, 50 years, condition unknown ; passed 1920 c.c. (4 pints).
 Case 70.—Man, 59 years, weight 168 pounds, alive ; passes 885 to 2035 c.c. ($1\frac{3}{4}$ to 4 pints).
 Case 71.—Man, 50 years, weight 250 pounds, alive ; passed 2275 c.c. ($4\frac{1}{2}$ pints).
 Case 72.—Adult woman, alive ; passed 2000 c.c. (4 pints).

53, 30 and 50. In case 63 we have the highest specific gravity attended with the lowest per cent. of sugar, a high per cent. of urea evidently being the cause of the high specific gravity. The specific gravity in Cases 28 and 53 is the same, but 28 has twice the sugar of 53, but only about half the urea. The same is almost true of Cases 30 and 50.

TOTAL UREA IN TWENTY-FOUR HOURS AND RATIO OF SUGAR TO UREA.

The largest amount of urea voided in 24 hours was 81 grammes (1255 grains), found in Case 39, a man about 45 years old, not more than a fortnight before his death. Next to him comes Case 16, a woman, now also dead, who, at the height of her polyuria, voided 80 grammes (1240 grains). Another woman, Case 66, now living, voided 75 grammes (1160 grains). The last two cases are more reliable in accuracy of figures than the first, inasmuch as I myself measured the 24 hours' urine, which was given me entire in the last two cases ; whereas, in the first I was merely given a sample of urine—said, however, to be from the mixed urine of 24 hours, quantity measured by the patient. Case 1, a boy of 10 years, now dead, voided 72 grammes (1100 grains) and 61 grammes (950 grains). No other case nor collection shows as high as 60 grammes in 24 hours. It is significant, it seems to me, that three out of four of those voiding enormous figures of urea are dead ; the fourth case, being of not more than a year's duration, as yet, can hardly be said to controvert the significance. Case No. 20

voided $54\frac{1}{2}$ grammes (840 grains) of urea, and Case No. 25 voided 53 grammes (825 grains). Both these men are dead. Case 26 voided $58\frac{1}{2}$ grammes (905 grains), and is still alive. A second analysis in Case 53, made since the first three papers on this subject were written, showed 53 grammes of urea (820 grains), with only $1\frac{1}{4}$ per cent. of sugar. No other cases or collections showed as high as 50 grammes of urea in 24 hours.

40 grammes, or over, in 24 hours, but less than 50, were found in 9 collections of 7 patients, 3 of whom are dead.

30 grammes, or over, in 24 hours, but less than 40, were found in 17 collections of 14 patients, 4 of whom are dead.

20 grammes, or over, but less than 30, were found in 22 collections of 11 patients, only one of whom is known to be dead, though from 2 there is no report.

10 grammes, or over, but less than 20, were found in 4 collections of 4 patients, 2 of whom are dead; but these two, at one time or another, voided large quantities of urea—53 grammes and 80 grammes, respectively. One of them voided $12\frac{1}{2}$ grammes while practically starving; a second one was a boy, 10 years old; the other two were women.

These figures, tabulated, are as follows:

					Patients.
80 grammes (1250 grains) or over,	.	.	.	.	2
70 grammes or over, but less than 80,	.	.	.	.	2
60 " " " 70,	.	.	.	.	1
50 " " " 60,	.	.	.	.	4
40 " " " 50,	.	.	.	.	7
30 " " " 40,	.	.	.	.	14
20 " " " 30,	.	.	.	.	11
10 " " " 20,	.	.	.	.	4

It will be seen, therefore, that from 20 to 40 grammes (310 to 620 grains) was the range which included half the patients, and that more patients were found to void from 30 to 40 grammes than any other range of 10 grammes. It will also be seen that the mortality is directly proportional to the quantity of urea in 24 hours; the greater the quantity of urea, the greater the mortality, the mortality between the figures of 20 to 40 grammes being small, and of those between 20 to 30 grammes, apparently, still smaller, although, unfortunately, two cases have not been heard from. Assuming these two to be dead, the mortality of those between 20 and 30 grammes would be less

than 30 per cent. The mortality above 80 grammes is 100 per cent.; 70 to 80 grammes, 50 per cent.; 60 to 70 grammes, 100 per cent.; 50 to 60 grammes, 50 per cent.; 40 to 50 grammes, 43 per cent.; 30 to 40 grammes, apparently 28 per cent., but two cases are unheard from. Assuming them to be dead, the mortality would be 42 per cent. The safest excretion, then, appears to be 20 to 30 grammes (310 to 465 grains) in 24 hours. The apparent comparatively low mortality in those voiding from 70 to 80 grammes is explained by the fact that there are only two patients in that category, one of whom has not been sick a year yet.

RATIO OF SUGAR TO UREA.

The highest ratio was 12 to 1, in Case 32, a boy of 10. The next highest ratio was 10 to 1, found in Case 25, an elderly male, at the time of his greatest polyuria, which was the greatest of the whole 72 patients. Ratios of 5 to 1 or more occurred 10 times; ratios of less than 5 to 1 occurred 47 times; ratios of 1 to 1 or less occurred 8 times. The commonest ratios, then, were those from 1 to 1 up to 5 to 1. Great fluctuations in the ratio occur, as, for example, in Case 32, which at one time showed a ratio of 12 to 1, another time, 0.2 to 1.

In those voiding enormous quantities of sugar high ratios were found, and, as a rule, among a number of 24-hour collections the highest sugar to urea ratio would be found at the time of the highest excretion of sugar; so that urea does not keep pace with sugar beyond a certain point of increase.

The points brought out by these analyses may be summarized as follows:

1. The night urine in glycosuria with polyuria (true diabetes mellitus) tends to approximate the day, being equal to it in 33 per cent. of the 24-hour collections and in 60 per cent. of the cases being more than half the day. In only 12 per cent. of the collections was the day urine three times the night, and in none at all four or more times.

2. The highest specific gravity was 1042; the lowest, 1021. About 50 per cent. of the collections showed specific gravities ranging from 1035 upwards. About 6 per cent. were between 1020 and 1025.

3. There is a tendency on the part of a given patient to

void at different times 24 hours' urine of about the same specific gravity, differences in the readings being not, as a rule, over 6 or 8 degrees.

4. The highest per cent. of sugar found was 7. In 50 per cent. of the cases the percentage was from 4 to 7. Less than 1 per cent. is rare. As a rule excessive polyuria means 4 per cent. or more of sugar, but the converse is not always true, 7 per cent. of sugar, for example, being once found with an excretion of 1080 c.c. of urine, and six per cent. with one of 2000. Nevertheless, in most cases moderate or small polyuria means moderate or small per cent. of sugar.

5. Urine containing from 4 to 7 per cent. of sugar is rarely below 1030 in specific gravity. 7 per cent. of sugar was never found in urine of less than 1040 in specific gravity, and 6 per cent. in never less than 1030.

6. Urines of as high specific gravity as 1029 may contain but half of 1 per cent. of sugar, and those as low as 1021 may contain as much as 2 per cent. of sugar.

7. In one case two collections of 24 hours' urine of specific gravities 1041 and 1040 showed less than 2 per cent. of sugar each time, without sufficient percentage of urea to account for the high specific gravity. Inasmuch as it could not be found that any drugs were taken which would interfere with the fermentation, as, for example, saccharin, one of two conclusions must be drawn; either a sugar was excreted not capable of being wholly fermented by yeast, or else some substance with which we are not familiar, and which is rarely found, was excreted, which interfered with fermentation, supposing, of course, the yeast not to be at fault.*

8. A slight change in the specific gravity of the 24 hours' urine of the same patient may mean a great change in the quantity of sugar present; 4 per cent. of sugar in one case being found with a specific gravity of 1030, and little or none in the same case at 1028. Proof of the correctness of this statement was demonstrated not only by no results with fermentation, but by absence of reaction with Haines's test, except on cooling. Again in another case at 1032 there was $2\frac{1}{2}$ per cent. of sugar, and at 1030 in the same case, in another 24-hour collection, 4 per cent.

* The same yeast has been used so far as possible, and obtained at the same place.

9. It follows from the above that use of the urinometer is unreliable as a means of following changes in the sugar, or else that the fermentation method of Roberts is not as reliable as generally thought.

10. The greatest quantity of urea in grammes per liter ever found was 35, $3\frac{1}{2}$ per cent. (disregarding the specific gravity of urine), 16 grains to the ounce. The lowest, 5 grammes per liter, 0.5 per cent., $2\frac{1}{2}$ grains per ounce. In the majority of cases urea ranged from 10 to 21 grammes per liter, 1 to 2 per cent., 5 to 10 grains per ounce.

11. It is probable that use of the urinometer alone is faulty as a means of gauging the sugar excretion rather than that the Roberts' fermentation method is unreliable, inasmuch as in four or five cases when high specific gravities were attended by low percentages of sugar, high percentages of urea were found.

12. Enormous quantities of urea in 24 hours are not common; more than 50 grammes (775 grains) being found in only half a dozen collections. Half the patients voided 20 to 40 grammes of urea, or 310 to 620 grains. Less than 10 grammes (155 grains) was never found, and from 10 to 20 (155 to 310 grammes) seldom. The greatest quantity of urea ever found was 81 grammes, 1250 grains.

13. There is apparently a relation between urea excretion and mortality; the greater the quantity of urea voided, the greater the mortality.

14. The safest excretion of urea appears to be 20 to 30 grammes (310 to 465 grains) in 24 hours; the mortality above 60 grammes is great.

15. A high percentage of sugar, or a large total quantity of sugar, does not seem to bear the same relation to mortality as that of urea, but unfortunately several of those patients with large sugar excretions are recent cases, and sufficient time has not elapsed to decide whether marked glycosuria is significant or not.

16. The ratio of sugar to urea is commonly from 1 to 1 up to 5 to 1. The highest ratio noted was 12 to 1, the lowest, where sugar was present, 0.2 to 1.

17. Great fluctuations in the ratio of sugar to urea occur in different 24-hour collections of the same patient.

18. As a rule the highest ratios of sugar to urea were found

in collections where the 24-hours' quantity of sugar was greatest; in other words, urea does not increase *pari passu* with sugar beyond a certain point.

HOW SHOULD DRUGS BE CLASSIFIED IN HOMŒOPATHIC MATERIA MEDICA?

BY M. W. VAN DENBURG, A.M., M.D., FORT EDWARD, N. Y.

(Continued from August, 1895, page 535.)

IN order to be of any practical use, all drug-classification must be based on the resemblances and differences of drugs *as drugs*, without reference to their sources, unless it can be shown that such drugs as are derived from a particular source, have peculiar and unique qualities not shared by other drugs.

In a preceding article, it has been shown how drugs from the most diverse sources, may have the closest affinities, and how both chemical and natural history relationship furnish no constant warrant of the relationship or want of relationship between drugs.

It is well to consider carefully the materials to be classified before arriving at any general plan of classification. No other course will be likely to be of any value, except by accident.

We note in the first place, the peculiar difference between homœopathic and allopathic materia medica.

Allopathic knowledge of drugs is gained by accidental poisonings, by experiments on the lower animals and by experiments on the sick. Most of these experiments, except those on the lower animals, are made in a blind, irrational way, without any guiding principle better than the hazard of a theory, or of a mere inference. Hence the knowledge is fragmentary in its nature and fortuitous in its results. By the slow accumulations of centuries, much has been attained of a valuable nature. But in researches on new drugs, the process is slow, and the results far from being an exhaustive statement of the effects of the drug.

The "physiological action" is generally the result of a few meagre experiments, more or less colored by the prepossessions of the experimenter, supplemented by a more or less extended

record of *cured cases*, with little or no reference to the large number of cases *not cured* as a result of administering the drug.

The drug may have other powerful effects not noted by the first experimenter, for many reasons, which cannot be here discussed, such as dose, susceptibility, sex, age, etc., all of which tend to modify the action and accentuate the peculiarities of the drug.

Homœopathic materia medica, on the contrary, is developed on a definite and uniform plan which looks to a complete knowledge of the drug. It depends to some extent on poisonings, but this not by preference. It counsels that drugs be tested thoroughly on the human organism in a state of health, for the purpose of determining accurately what their physiological action is, and what influence they have upon the *human organism*.

Homœopathy pays only the slightest regard to experiments upon the lower animals, and never bases a prescription on such experiments. Cures of the sick made experimentally with drugs whose qualities are unknown, are not regarded as the best indications for their use, unless repeatedly confirmed.

It is the way a drug alters the *healthy state* of a human being that chiefly interests us as homœopathic students of materia medica.

A careful record of *all* these alterations in a clear and concise form constitutes materia medica.

A definite law, demonstrated by numberless experiments, guides the physician in the application of all drugs whose qualities have been thus determined.

Such a materia medica never grows old or becomes obsolete.

All subsequent discoveries regarding the action of any particular drug, only serve to widen its sphere of usefulness and more clearly define the limits of its applicability to the cure of disease.

A thousand years from now, belladonna will be used in all cases where it is now used to cure the sick, provided it exhibits in its materia medica record, an action on the healthy human body, more closely resembling the sickness to be cured, than is shown by the recorded action of any other drug.

Homœopathic materia medica will never discard aconite, bel-

ladonna, arsenicum, bryonia, colocynth, veratrum viride, and a host of other drugs that have been in daily use since the discovery of their physiological action. They have become current coin, and bear the stamp of universal worth, receivable in every part of the known world.

Under the tests of numerous experiments, conducted by many widely sundered observers, and confirmed by a multitude of subsequent trials, *certain drugs* have developed a wonderfully wide range of action on the human organism in health, and therefore equally wide in sickness.

They are termed polychrests, "many-virtued" remedies. The name is centuries older than homœopathy. Dunglison defines it as "an ancient name for certain medicines considered to be useful in many diseases."

This class of drugs, more than all others, have defied classification, and confounded taxonomists.

They exhibit little uniformity when compared with each other, unless it be their uniform diversity of action. It is easy enough to compare *corresponding* qualities of a large number of drugs, to point out their resemblances and differences, and to form a genus, in which each particular drug ranks as a separate species. There is the genus of diarrhœic remedies, of rheumatic remedies, malarial remedies, etc., to the end of the list of diseases, and these generic groups are easily defined.

But a polychrest is a drug that insists upon having a place in half a dozen of these groups at the same time. Taken by itself it defies all reduction below the genus polychrest.

And this is the nut that ages of dispute have failed to crack.

It is the history of an attempt to resolve a composite into a simple substance. To resolve contradictory terms into identical terms. No wonder that twenty-five centuries have failed to solve the problem.

In the application of homœopathic materia medica to the cure of ills to which flesh is heir, we have constantly to deal with these polychrests.

And it is *one of the peculiar things inherent in their application to disease*, that not only must we consider the specific effect of the drug as related to the disease in hand, but also at the same time take into account *the whole action of the drug as related to the whole manifestation of the disease*. The drug must be con-

sidered as a *unity*, and the disease as a *unity*; and these two *unities* must be made to resemble each other to a large degree.

This is the quintessence of homœopathic therapeutics.

No blind classification of emetics, cathartics, diuretics, etc., will ever render substantial aid in applying the law of similars.

No ignoring of patent qualities, and pinning to a single action of a drug can help in successfully applying drugs to the cure of disease, from the homœopathic standpoint.

Polychrests, then, must stand as unities, each particular unity having its individual combination of effects.

A certain number of these effects will coincide with those of other polychrests, and with the effects of drugs having only a limited medical range.

The latter class of drugs easily divides into natural groups, such as writers like Stillé imagine may be made to include all drugs. But the polychrest destroys all hope of rendering this method successful.

Polychrests are then the first to be dealt with in any successful method of classification.

While several members of this class may seem to possess several features of about equal importance, still, a careful study of each particular drug will generally reveal some characteristic that runs like a scarlet thread through the entire drug-action.

Hence, each individual polychrest should be studied by itself; analyzed and classified *sui generis*.

After this, if "the scarlet thread" of two or more correspond, then, such resemblances would constitute a natural group.

Even in this case, it may be necessary to give some drugs *more than one generic location*.

To illustrate: The compounds of arsenic seem to have *intermittence of symptoms*, as a more or less characteristic phenomenon in all their action. But the arsenic group is not alone in this; the cinchona (china) group has also this symptom; and it is far from being the only other one in this particular.*

* From a very hasty review of the repertories, I have made the following deductions:

Under the head of "intermittent, intermittence, and remittance," I find arsenic and cinchona mentioned six times each; pulsatilla and platinum, four times;

Now, the *intermittent group* might not be a bad group to remember in actual practice. If the *burning group* were made generic, arsenic would need mention; if a *corrosive group* were established, arsenic would have to be mentioned there.

This method is proposed only by way of suggestion, and not for adoption. It has one recommendation, at least; it is applicable to actual practice, and hence worth remembering, if once learned.

Practically, it is the method by which the late Dr. Farrington taught *materia medica*. *Nominally*, he grouped his drugs according to the natural history method. But when he had once announced his group, he paid no further attention to the matter, but proceeded to institute comparisons with drugs from every kingdom and order known, if they had symptoms related to the drug in hand.

He constantly strove to fix in his students' minds certain *natural groups* of actually related drugs, by calling attention to these resemblances and differences.

His teaching was a brilliant demonstration how the waters of logical reasoning tend to seek a natural level, despite artificial restraints.

Finally, it seems to me, that polychrests must be taught *as individuals*, and lesser drugs clustered within their broad limits, as they relate to this or that feature; or, we must first group polychrests according to their "key-notes," and take the minor drugs to complete the group as they correspond to those key-notes, or to the minor features of the polychrest.

PURPURA.

BY A. P. HANCHETT, M.D., COUNCIL BLUFFS, IOWA.

(Read before the American Institute of Homœopathy at Newport, June, 1895.)

FOR convenience and ease in describing, writers quite generally divide purpura into three varieties, viz.: purpura simplex, purpura rheumatica, and purpura hæmorrhagica, though in

cimicifuga and colocynth, three times; chamomilla, caulophyllum, asafoetida, and plumbum, twice; aconite, antimonium tart., ammonium mur., arnica, cinna-bar, cina, coffea, conium, coccus cact., eupat. perf., ferrum, gelsemium, hyoscyamus, ignatia, iris, kreosote, lilium tig., nux vom., rhus tox., and sulphur once each.

my opinion there is really only a difference in degree, rather than in kind.

Purpura simplex is the mildest form of the disorder, and is generally seen in those well advanced in years. The eruption appears chiefly upon the legs, thighs and forearms, in the form of small, round, bright red spots, varying in size from a pin point to a half inch in diameter, remaining without much change in appearance a few days, when it becomes somewhat darker, then changes to a greenish, then to a yellowish tint, and finally disappears, often to be followed by successive crops, at varying intervals, until the trouble is cured.

All forms of purpura seem prone to these periodic relapses, and all, I believe, are aggravated by violent exercise, and ameliorated by complete rest in bed. Winterburn looks upon this fact as indicating that cardiac debility has much to do with this disorder.

In the simple form there is often no serious constitutional disturbance discernible. We can readily demonstrate the hæmorrhagic character of the spots, by noting that they will not disappear under pressure, as is the case in all other forms of eruptive disease.

A case of this type came to my office in September of 1894. Mr. H. R., æt. 61; strong, healthy, and rather fleshy than otherwise. Called to learn the cause and character of an eruption upon his legs. He rather apologized for coming to see me, as he was not sick; never felt better; but his legs had such a very peculiar appearance, that it rather frightened him. I found them thickly studded with dark purpuric spots from his toes to above his knees. In reply to my questions, he stated they had been present several days, were bright red when first seen, and had been changing gradually, becoming darker. Pressure did not affect them. There was no swelling nor soreness, nor had there been any discomfort, except that after washing they "burned and smarted as if on fire." Sulphur 30x, was given, a powder morning and evening, for a week, with complete recovery within a month.

The second, or rheumatic variety is attended by more suffering, and is often preceded for some days by pains in the joints or muscles of the extremities, or even deep in the bones or their coverings.

Children seem more subject to this form than adults. After the pain has existed for several days, the petechia may appear about the painful joint, and there may be considerable swelling, often œdematous, about the ankles or other parts of the body. With this class of cases there may be more pronounced constitutional disturbance, and some rise of temperature. A case of this type presented itself in February, 1895. Mamie R., æt. 10, had been in usual health through the winter, and attending our public school regularly. For about a week she complained of pains in her legs, which steadily increased. The pain was most severe when standing or sitting. Moving about moderately, or the recumbent posture, very greatly relieved her. When sitting with limbs hanging down, pains below the knees became sharp and darting, accompanied by burning.

Sulphur 200x, was first employed for a week, with some relief from the rheumatic pains, but the purpuric spots continued to appear and even increased in number. Also great swelling of the nose and face developed. Swollen part white and puffy, with stinging and burning pains. Urine very scant, no thirst, temperature $102\frac{1}{2}^{\circ}$, mental state rather dull.

Apis 200x was now administered for a few days. Prompt relief followed for two weeks without further medication, every trace of the trouble having disappeared, when there was a slight return of some of the symptoms, which a few more powders of apis 200x disposed of promptly. Something over three months have now passed, with no further trouble, and I consider the case cured.

Purpura hæmorrhagica, however, is a far more serious disorder, and one never to be lightly considered. The general conditions may be similar to those of the types just described, with the addition of hæmorrhages from any mucous surface or from the skin. The first symptom will frequently be repeated attacks of epistaxis or persistent bleeding from the gums. This may be accompanied by a feeling of exhaustion greatly out of proportion to the apparent gravity of the case, and may go on for some time before the purpuric eruption appears.

The bleeding, while often not profuse, may, by its persistence for weeks or months, so exsanguinate the patient as to very greatly alarm him and be a cause of much anxiety to his physician, and it will tax his resources to quiet and control the men-

tal state of the patient and his friends nearly as much as to find "the similitum" which shall heal the disease.

A case of this form of purpura came under my care about December 1, 1894. The patient I had known intimately for fourteen years, as a young man of good habits, always well, gradually becoming more and more fleshy, until now he was burdened with an excess for comfort, weighing over 200 pounds, and being 5 feet 6 inches in height. For a few days before I was called he had felt very tired, and found it quite an effort to keep about as usual. Reaching home in the evening, I was called to see him about 10 o'clock. He complained that he could hardly walk, his legs were so lame, and upon undressing for bed, he first noticed the red spots thickly covering both legs as far up as the knees. I was summoned in great haste, and found him much excited. The legs were certainly a sight. In many places the purpuric spots covered the entire surface, giving it the appearance of a piece of raw flesh, and the ankles—and, in fact, the legs to the knees—were swollen, sore to the touch, and so lame he could scarcely stand. The red spots extended up to the body, though quite scattering above the knees. The forearm, also, had many of the petechia of a smaller size.

He had had nose-bleed quite often of late, and his mouth would often bleed—or, rather, his gums—when brushing his teeth. He was advised to go to bed and remain there for the present, and to be expressly careful about being on his feet, or even sitting with them hanging down. On account of his excess of flesh, his diet was selected to avoid fat-producing food as much as possible. For eight or ten days he improved steadily, and just as he felt about ready to return to his business, all the more severe symptoms returned, and his condition was as bad as ever.

After two or three days improvement again followed, and the former experience was repeated in about the same time. This periodic aggravation came quite regularly through December, January, February and March, in spite of my best efforts to find the indicated remedy. During this time *arnica*, *arsenicum alba*, *bryonia*, *sulphur*, *crotalus*, *sulphuric acid* and *phosphorus* were employed. In April some symptoms called my attention to *terebinth*, which, upon closer study, seemed so well indicated that it was given, and quite decided improvement

has followed. He has been so much better that he has resumed business in a very careful way. All hæmorrhages have ceased. The periods of aggravation are much less severe and do not occur oftener than every thirty days, and all indications point to a good recovery.

"SCOPE AND LIMITATIONS OF THE LAW OF CURE."

BY S. G. A. BROWN, M D., SHIPPENSBURG, PA.

THE writer of the following lines wishes to emphasize the fact that all remarks herein given are promulgated in a spirit of *friendly criticism only*, and not with the intention of producing any unpleasantness whatever.

Dr. D. H. Roberts, in the August number of this journal, "in a spirit of true critical inquiry," in commenting upon Dr. Dudley's recent valuable addition to medical literature entitled "The Scope and Limitations of the Law of Cure," affirms that he cannot assent to the views therein so ably presented. Yet if we, for a moment, peruse the ably written and exceedingly instructive articles of each of these gentlemen, we cannot help but perceive that they are upon two entirely different topics—one being a dissertation upon the doctrine of "vital force," the other dwelling upon the scope of homœopathy. The essentials presented in each of these papers may be considered synonymous with the following:

DR. DUDLEY.

Diseases are, primarily, some disturbance of the vital activity, and therefore produce certain symptoms peculiar to the diseased condition, all these symptoms indicating the kind and extent of mischief going on.

Medicines possess dynamic properties, and, when taken into the healthy system, exert an influence upon the vital activities, never (except indirectly) upon the chemical or physical qualities of these structures. Each remedy thus produces symptoms peculiar to itself.

DR. ROBERTS.

Diseases are caused by some disturbance of tissue or function of the material body, and the vital forces, by a law of their nature, immediately make an effort to remove the disturbance and restore harmony.

Medicines are entirely material, and when taken into the system disturb its harmony, and, being different in quality, the vital forces remove them by different routes, thus producing symptoms peculiar to each.

In any case, if the symptoms caused by the disease, and those that belong to the remedy administered, be similar, the two forces will not only act upon the same vital elements, but the *medical* force being the stronger, will obliterate that of the disease, and then, without difficulty, allow itself to be removed.

In case of disease the vital forces always make curative efforts, and if the remedy having similar symptoms be given, the already active vital forces will be stimulated to make still greater effort in the same direction, and thus facilitate the cure.

All matter is lifeless, inert; hence is affected only by law, in that it can only come unto life, activity, by coming in contact with the touch of life itself. Yet scientists (so-called) have been and are fruitlessly endeavoring to create the same, *i.e.*, life by spontaneous generation through culture media. But after a careful unbiased research we can easily perceive why it is that man, having been "formed of the dust of the ground, . . . became a living soul" *only* after having had "breathed into his nostrils the breath of life."

Whatever may have been Hahnemann's views concerning the doctrine of vital force and its relation to disease, or *vice versa*, it is positively certain that Dr. Dudley has nowhere in his paper, either by a single sentence or word, advocated the doctrine of a vital force. Neither has he, by intimation or otherwise, encouraged us to foster a preconception as to whether he believes in that doctrine or not, nor is he responsible for any of the thoughts set forth in this article. Wherever, in his paper, he has referred to the vital force, if we be conversant with the teachings of the *Organon*, we find he has quoted it from Hahnemann. He probably endeavored to prove that Hahnemann held to the view that *the remedy must act upon the underlying cause of the symptoms* in order to effect a cure.

All laws are natural laws, and, being such, exert their influence not only through the world, but, as we now know, through the universe, reducing it like parallels of latitude to intelligent order. The human body being inert, lifeless—except when it has come in contact with life—*cannot* become diseased directly, for when that vital activity, life, is removed, the body becomes inanimate, unaffected. Vital activities *are* disturbed by disease, and because of said disturbance symptoms corresponding to that disease are produced. Dr. Roberts asserts that medicines are material, and therefore act upon our physical and chemical constituency only. *But is the DYNAMIC INFLUENCE which medi-*

cine exerts upon the vital organism materialistic, merely the result of chemical affinity, or is it the action of like upon like, vital stimulus against disease force, which causes this tonic curative result? Could drugs exert an influence directly upon our material bodies, there would be no such thing as death from disease, for humanity would surreptitiously guard every advance of the same, and eventually, utterly, and completely stamp out that dire monster, death.

Dr. Roberts also assumes that the homœopathic remedy acts in the same direction as nature herself and stimulates her to increased action in her endeavors, yet he does not explain why, under such conditions, the drug does not aggravate the energy and intensity of the symptomatic manifestations. In his third hypothesis he affirms "that in case of disease the vital forces always make curative efforts, and if the remedy having similar symptoms be given, the already active vital forces will be stimulated to make still greater effort in the same direction and thus facilitate the cure." Why this would not create an intensity of the symptomatic manifestations, is a question the writer is anxiously awaiting Dr. Roberts to answer. When he asserts that diseases are caused by some disturbance of tissue or function, we are at a loss as to what he means, as tissues are never disturbed unless their functions (vital activities) are *first* impaired. The material organism without vital force is incapable of feeling activity or self-preservation. This immaterial being (vital force) alone, animating the organism in the state of sickness and of health, imparts the faculty of feeling and controls the functions of life.

The dynamic power of a drug is not greater and more powerful than that produced upon the vital forces by the ravages of disease *at all times*, as Dr. Roberts infers Prof. Dudley would have us believe, but only does it exert a more powerful influence, when it positively accomplishes a cure. We agree with him when he says that "matter and spirit differ from each other, positively and discretely," and that they belong to different worlds, but we most emphatically deny that each is subject to the laws that govern its own realm, unless he infers that those laws are the same in kind in each world, differing only in degree. The law which governs spirit also controls matter, only it governs the former in a more free, purer, loftier sense,

The material is but the projection downwards of the spiritual, and being less life-like, requires less of that law for government, namely, that natural law which is only truly and freely unfolded in the spiritual sphere.

Besides, neither Dr. Dudley nor the inspired Hahnemann, has anywhere ascribed to a drug the possession of a "spirit" as that term is usually employed and understood. Hahnemann in using the word *dynamis*, meant simply *power*, to distinguish it from the material part in which it is concealed, and spoke of it as "spirit-like;" meaning thereby, non-material. Dr. Roberts in his paper, seems to deny the existence of this dynamis, or pathogenetic "power" in a drug. If we have understood him correctly, such doctrine would surely bring criticism, not only from our school of practitioners, but from all others.

Inasmuch as all, or a proper majority, at least, of the organs and tissues of the body are essential factors in the maintenance of the vital activities within the same, we are led to conclude that the vital activities require a material mechanism wherein to perform their various changes, and therefore necessitate an inorganic medium, through which the dynamic drug power (spirit-like force), may expend its healing influence upon the vital organism. Therefore it is essential that these two—the organism and the vital force, constitute a unity.

Perhaps we may comprehend the advice of Hahnemann better, when he says:

"The affection of that morbidly altered spirit-like dynamis (vital force) animating our body, and residing unseen in its interior, and the complex of externally perceptible symptoms caused by that power in the organism, and representing the actual disease, constitute a whole—one and the same. Although the organism as a material instrument serves for the purpose of life, still this organism is as inconceivable without animation derived from the instinctive feeling and controlling vital force, as the vital force without the organism; consequently both constitute a unit, although our reason in its process of thought separates this unit into two ideas for the convenience of comprehension.

"Our vital force, that spirit-like dynamis, cannot be reached or affected except by a spirit-like (dynamic) process. . . . Thus, healing remedies can and actually do restore health and

vital harmony only by virtue of their dynamic action upon the vital force, after those changes in the health of the patient (totality of symptoms), perceivable by our senses, have represented the disease to the attentively observing physician, as completely as possible for the purpose of its cure."—*Organon*, §§ 15 and 16.

In conclusion, I believe I voice the sentiments of others when I request Dr. Roberts to prepare for publication, a paper, giving us in detail his reasons for the belief that the symptoms of a disease are the evidences and expressions of nature's efforts towards her own cure, for it doubtless would be instructive. In our rapid march onward toward the mark of medical perfection, we frequently conceive theories which are indisputably amiss, so that we should more earnestly endeavor to make our investigations and researches in such a manner that we may "inhabit a higher sphere of thought," and have our eyes opened to see things in a true light and in large relations, notwithstanding we may have to make painful corrections, and keep a vigilant eye on many sources of error.

HOW SHALL WE DRAW COLLEGE GRADUATES TO THE STUDY OF MEDICINE?

BY JOSEPH C. GUERNSEY, A.M., M.D., PHILADELPHIA.

(Read before the Intercollegiate Committee of the American Institute of Homœopathy.)

THANKS to the generous action of several of our medical colleges, the answer to the above question is now being realized.

In my "Annual Address," when President of the Homœopathic Medical Society of Pennsylvania, I suggested that each of our medical colleges offer scholarships to be competed for by college graduates desiring to study medicine.

A brief *résumé* of my position, suggested by an article in *The University Magazine*, entitled, "The Medical Profession and the College Graduate," is as follows:

"In examining the class-statistics, given in the commencement numbers of college magazines, one is surprised to see

that only one in twenty is put down for medicine under the head of 'Chosen Calling.' In the report of the Secretary of the American Academy of Medicine it is stated that only about five per cent. of the physicians practicing in the United States are graduates of colleges. This is a very unaccountable condition of affairs. The medical schools on the Continent of Europe are departments in the universities. In every instance the equivalent of the Bachelor's degree is required for admission to the study of medicine; and yet the medical students number almost one-fourth the total enrollment of the university. *In other words, almost twenty-five per cent. of the educated men on the Continent of Europe look to the profession of medicine as an occupation, while in the United States not more than five per cent. of our college-bred men enter upon medical studies.* This neglect of medicine for theology, law, journalism and business is hard to explain. Theology does not offer as great financial reward, either to mediocrity or to superlative excellence, as medicine; but the study of theology is encouraged systematically by a great many institutions, and many so-called scholarships are provided which cannot be found in medicine."

The above-mentioned article, from which I have given extracts, set me to thinking, "How shall many of the best educated and most desirable men *and women* (college-bred) be drawn to the study and practice of medicine?" To my mind a double answer suggests itself:

Firstly.—In what I read above, to wit: "The study of theology is encouraged systematically by a great many institutions, and many so-called scholarships are provided which cannot be found in medicine." Here, then, is one part of the answer. LET THESE SCHOLARSHIPS BE FOUND IN MEDICINE! Let each and all of our homœopathic medical colleges offer, annually, one or more scholarships, to be awarded students desiring them, by a competitive examination on such subjects as shall be mutually agreed upon by the faculties of the medical colleges offering the scholarships and the college accepting the same.

Princeton, Yale, Harvard, Cornell, Columbia, and other colleges for men, together with Vassar, Bryn Mawr, Wellesley, and other colleges for women, hold their commencements in June. It would be a good plan to have the names of the suc-

cessful candidates gaining the scholarships announced as prize-winners from the commencement stage; they could enter upon the study of medicine the ensuing autumn. I cannot but feel that such a procedure, if adopted by medical colleges, *i.e.*, the giving of free medical education in the form of scholarships, would bring into our ranks many of the best educated and most desirable college graduates.

Several months ago I wrote to all the homœopathic medical colleges in the United States, calling attention to my plan of scholarships, and asked to be informed what action they would take in the matter. During last April and May I received the following gratifying data:

The Hahnemann Medical College, of Chicago, offers five scholarships.

The Hahnemann Medical College, of Philadelphia, offers three scholarships.

The Cleveland University of Medicine and Surgery, offers three scholarships.

The Hering Medical College, Chicago, offers two scholarships.

The Pulte Medical College, Cincinnati, offers one scholarship.

The Hahnemann Hospital College, San Francisco—subject under consideration.

The Southwestern Homœopathic College declares itself “ready to fall in line, and do anything in regard to the scholarship matter that is done by any of the other schools.”

The Cleveland Medical College “will abide by any decision upon which the Intercollegiate Committee decides.”

The Boston University of Medicine desires the matter of scholarships referred to the Intercollegiate Committee for discussion.

The University of Michigan, Homœopathic Department, reports, “there is no remission of fees throughout the whole University.”

The New York Medical College and Hospital for Women, the Chicago Homœopathic Medical College, the Homœopathic Medical College of Missouri, the University of Minnesota, Homœopathic Department State University of Iowa, Kansas City Homœopathic Medical College, the Southern Homœopathic

Medical College of Baltimore, at last report had taken no action on the subject of scholarships; but several members of the different faculties have expressed themselves to me as being in favor of granting them. I have not received any report from the New York Homœopathic Medical College, or the National Homœopathic College.

Secondly.—To allow a diploma from a college in good standing, which furnishes a certain amount of teaching on medical branches to its students, to be accepted in lieu of the first year's course at the medical college. This plan was adopted by the Hahnemann Medical College of Philadelphia, one year ago last spring, when it offered scholarships to Swarthmore, Ursinus, and Haverford Colleges, all of which provide elective studies of a medical nature for their students. That this scheme is in the air is evidenced by the fact that several colleges are already moving in this direction. In support of this fact, I beg to remind you of the excellent paper presented to this Institute, last year, by Dr. H. E. Spalding, entitled, "May a Student obtain an A.B. and an M.D. degree in Seven Years?" and from which I will now quote:

"In looking over the lists of graduates from the medical schools it is very noticeable how small is the number who show by the academic degrees of A.B. or A.M. that they have had the preliminary course of study which may be counted a liberal education so desirable for all physicians.

"It seems as though the curriculum of classical and medical schools might be so rearranged that by way of electives the work in the academic might merge into that of the professional schools without apparent break and with a saving of one year's time. This, according to a recent letter from President Low, Columbia College is already doing. He says: 'At Columbia College we allow seniors in the college proper to take the first-year courses in the medical curriculum as electives, counting them towards their A.B. degree. In this way the students who take both the A.B. and the M.D. degrees save one year in the total time required.' Princeton and Brown Universities are working in the same direction. President Patton, of Princeton, writes me: 'We are endeavoring to increase the number of electives germane to a medical education so that a student in his senior year by choosing these electives may

have what will be regarded as a full equivalent for one year of medical study.' President Andrews, of Brown, tells me: 'There is a medical association connected with the university made up of our graduates who are eminent in the medical profession. Under their advice we are proposing to offer courses enough in the medical line to enable students to enter the best medical schools a year in advance.'"

I regret beyond expression that the scholarship scheme has been objected to by some officials of medical colleges because "such scholarships would deprive our college of fees!" It is inconceivable to me that any one should for a single instant hesitate in the awarding of scholarships on the basis of an imaginary money loss. I purposely use the word "imaginary" because I feel sure that many and many a worthy man and woman is kept out of the study of medicine *because they cannot afford* to pay for their education. This is the greatest reason of all why the rolls of medical colleges show so few college graduates—*Poverty!* It is a well-known fact that *owing to this poverty* students very often take one or two years at a literary college and then, only half educated, leave it to take up the study of medicine. I have personally met many such. And the greatest reason why theology has so many college-bred men is because the large majority of them receive their training free.

What I have said above applies to medical students *in toto*. There are some medical colleges, such as the Medical Department of the Harvard University, which shows 30 per cent. of college-bred men; the University of Pennsylvania, which shows 15 per cent.; of Yale, which shows 12½ per cent.; the Boston University, which shows 7 per cent. But the rolls of medical students in all the colleges of all "pathies" throughout the United States show only about 5 per cent. of college-bred students.

Finally, we must not let the old-school colleges get ahead of us in this matter. I have an inkling that the University of Pennsylvania will shortly offer scholarships as inducements to her graduates to enter upon the study of medicine. Other colleges will quickly be forced to follow her example so as to compete with her. Homœopathy has always been first in her medical requirements of preliminary examinations prior to ad-

mission to medical colleges and in raising the course of study to three and then four years. Now, let us raise the standard of medical education by all our colleges offering scholarships to the worthy college graduate, man or woman, desiring to study medicine.

BORAX.*

BY G. MAXWELL CHRISTINE, M.D., PHILADELPHIA.

THE article on "Boracic Acid in Thrush in Children," by Dr. Pritchard, in the last number of the *HAHNEMANNIAN MONTHLY*, is valuable in that it directs attention to a medicine of such value in the treatment of that dread disease in children, that I do not know of any other to take its place, whether used externally or internally. I write to indorse much that the doctor says, but to take exception to one or two of his statements of fact, and then to add a few thoughts on the general subject of Borax and Thrush.

In the first place, Dr. Pritchard asks whether borax is homœopathic to thrush in children, implying, apparently, in the question that it is not, and strengthening the implication by the statement that neither the provings, the poisonings, nor the overdosings present any mouth symptoms. The doctor then quotes several authors who mention borax as curative in aphthous buccal affections, but he states that the indications are all doubtless derived from clinical experience, and that the deductions are purely empirical.

In view of what the works at my command say of borax, these statements of Dr. Pritchard are not confirmed; on the contrary, as I will show, they are to be refuted with ease, if the authorities I herewith quote are to be relied on. In this connection I have before me the following works: Allen's *Handbook of Materia Medica and Therapeutics*; Farrington's *Clinical Materia Medica*; Heinigke's *Pathogenetic Outlines of Drugs*; Hughes's *Manual of Pharmacodynamics*; Cowperthwaite's *Materia Medica*; Hering's *Materia Medica*.

* A reply to Dr. Pritchard's article in the August, 1895, number of the *HAHNEMANNIAN MONTHLY*.

There are other works which I can reach, but these are sufficient for my purpose.

Turning to the article on borax, we find in each one of the above works, except Hughes's, positive statements respecting the homœopathicity of borax to mouth diseases, and if the statement is not positive in one or two of the authorities, positiveness is implied by the absence of negation.

In Allen's *Handbook* is a long summation of the provings of borax, though, of course, the sources are not given. Under "general action," is the statement that "its action on mucous membrane is marked by a tendency to aphthous ulceration." Under "mouth," we read, "aphtha on inside of cheek." Then follows an array of symptoms of borax, which will be found to be a true picture of the symptoms of a well-developed case of thrush which has affected the entire digestive tract. Now, if these aphthous and other mouth symptoms of borax are given without any justification in the provings, then they are false and misleading, and ought to find no place in a work on materia medica.

In Farrington's *Materia Medica*, he mentions the affinity of borax for mucous membranes, and that aphthous inflammation of the mouth appears as a concomitant of the diarrhœa—"aphtha form in the pouches on the inside of the cheeks, on the tongue and in the fauces." If this reference to aphtha is an unfounded pathogenesis, subsequent publications of Farrington's work should present a more verified statement.

In Heinigke's *Pathogenetic Outlines*, under "borax veneta," this reference to the symptoms of the drug is made under the division of "organs of digestion;" "oral mucous mucosa inflamed with the formation of aphtha." This work is quite a constant companion to me, and I would not like to have my faith in it made to falter by the discovery that it was unreliable.

In Hughes's *Pharmacodynamics*, under "borax," is given a discriminating article, much along the line of thought indulged in by Dr. Pritchard. Dr. Hughes says, "at first sight, Hahnemann's pathogenesis would seem to show that borax can produce thrush, and that the symptoms, 'aphtha in the mouth,' 'an aphtha inside the cheek, which bleeds when eating,' 'an aphtha on the tongue,'" these being taken from Schreter, should be proof

positive of homœopathicity; but when we examine them closer these symptoms are found to have occurred from four to five weeks after the administration of the drug. It will thus be seen that Dr. Hughes foreshadowed Dr. Pritchard's article the lack of homœopathicity of borax to thrush, though the doctor does not mention Hughes in the matter.

Cowperthwaite in his *Materia Medica* says that borax has an important action on the mucous membranes on which it produces ulceration. Hering, in his *Materia Medica*, under the heading "mouth," in the article on borax, has this to say; "Inner mouth-aphtha in the mouth, on the inner surface of cheek, bleeding easily, with great heat and dryness of mouth."

In the above quotations, I have only given a few of the mouth symptoms, but they are enough to show that many of the very best authorities do give mouth symptoms of borax, and that there is a decided reference to aphtha. Of the authorities I have mentioned, only Hughes questions the homœopathicity of borax to aphtha.

To make borax a good homœopathic remedy to thrush, does not imply that the drug must, in the provings, be able to produce a growth of the thrush germ, the *Oidium Albicans*, but that it must produce or cause an alteration of the tissue similar to that which the invasion of this germ sets up. No medicine which I know of will produce any of the germs which are responsible for many of the diseases attacking the tissues.

No one presumes this much, and all reference to apthous inflammation must be accepted in the light that an inflammation is produced which is like unto that caused by the thrush germ. The existence of the thrush deposit is only incidental, except as a cause for the underlying, wide-spread and destructive tissue alteration. Its existence is important, however, in indicating the remedy, but the remedy may be as well indicated after all visible collections of the germ have been cleaned away or destroyed. Therefore, to make borax a good homœopathic remedy in the disease thrush, it is the sore mouth, œsophagus, stomach, intestines and anus that furnish the important symptoms. The authorities that Dr. Pritchard and I have cited very clearly show for borax all the necessary symptoms of aphtha, and the fact that Drs. Hughes and Pritchard deny that the production of aphtha deposit in the mouth is one of the

pathogenetic symptoms of borax, does not in the least militate against the homœopathicity of the drug. Borax does not produce aphtha; no one would so assert if it is meant the germ itself; but that it produces the inflammation peculiar to this disease, the provings, if they are correct which I have quoted, show.

Borax is an excellent remedy for thrush, for both local and internal use.

Let the reader turn to some succinct account of the disease as occurring in infants, and then compare the symptoms with the symptoms of the drug as given in some good materia medica, and he will agree with me that the two statements are very similar. Not every case gets well under borax; but not every case calls for it. Other remedies may, under certain circumstances, be indicated, but borax, with perhaps mag. carb. as an adjuvant, is the most commonly indicated.

I believe thrush to be a local disease, arising from local causes, and not so often the result, as generally believed, of a vitiated system. In the aged or sick this source may be in the diminished tone of the tissues, but in the infant the origin is frequently, and nearly always, in the fermentation of the milk and the consequent generation and development of the *Oidium Albicans*, a fissured nipple in the mother being a common nidus for the germ. First forming in the mouth, it quickly spreads down the digestive tract until it infests it to the anus. The function of the entire tract is thus interfered with, just as we find it to be the case in gastric and intestinal catarrh; in fact, thrush of the stomach and intestines is essentially a catarrh. The food, particularly a milk food, fails to be digested, acts as a foreign body, and tends to aggravate existing conditions. The child loses flesh and strength, and may die from the enforced starvation.

Now it is not a settled question whether this condition just described is an ultimate outcome of the local manifestation of the thrush, or whether the thrush is a consequent result of an affection already existing. But, after a careful study of a large number of cases, extending over a period of a number of years, I am led to the conclusion already stated. Carelessness on the part of attendants will permit the thrush germ to implant itself in the mouth of almost any infant, no matter how healthy, just

as it will foist itself on a nipple regardless of previous good condition. Of course, if the child is weak and otherwise predisposed, or the nipples are fissured, eczematous or ulcered, the tendency or liability to thrush is increased. Diphtheria furnishes an example of this. It is to be admitted that diphtheria is no respecter of personal health; it makes its ravages on the healthy as well as on the weakly—probably oftener on the healthy, which seems prominently true of all mycotic or infectious diseases.

The treatment of thrush resolves itself into the removal of the cause, the destruction of the germs, the application of remedies to the diseased structures, and the proper feeding of the infant.

The cause is to be frequently traced to fissured nipples in which, through lack of cleanliness, the milk is allowed to remain until it undergoes fermentation with the production of the thrush germ. Its transference to the mouth is an easy matter. The mouth of every sucking infant should be carefully cleaned after each nursing or as soon thereafter as is possible, in order to keep the food from remaining there to undergo fermentation.

The best wash to secure this condition of cleanliness—if this is the word—is a solution of borax alone, or with sage tea. The addition of sugar does not add to its efficiency, but rather favors the development of the germ. Sugar is therefore incompatible with borax. All parts of the nipple and mouth must receive thorough applications of the solution. Powdered boric acid or borax may then be dusted over the nipples, and sterilized cotton pads then placed over them, over which is tightened the breast binder.

If the thrush has already formed, it is best destroyed by a first application of hydrogen peroxide, in nearly full strength, to nipples and mouth by means of cotton pledgets on match-sticks, care being taken to use several with each treatment, after which they are to be destroyed. After the peroxide has been freely used, the solution of borax should be applied in the same manner. The peroxide destroys the germs and loosens the deposits, the borax assists in the process and tends to heal the tissue alterations. This treatment should be persisted in every two or three hours as long as any thrush manifests itself,

or there is danger of its reforming. The borax solution is to be continued until the mouth is well.

The indicated remedy, generally borax, is to be administered internally. The child is to be kept nourished with a food that agrees; avoiding a milk food if possible. A few drops of castor oil two or three times a day has a healing tendency over the bowels. The anus and adjacent tissues are to be kept clean, and powdered with starch and borax, or any other application made to the tender or inflamed skin which will insure healing. The rectum is to be washed out daily with weak borax water, and if the child has green, acrid diarrhœa, injections of starch water (cold), with or without laudanum, are to be made once or twice a day. Whiskey-massage over the abdomen and other parts of the body is of marked advantage in restoring tone to the tissues.

Burial certificates are often written marasmus when thrush is the truer cause of death.

The mortality from thrush is very great, but it can be very considerably lessened if we bear in mind the rationale of the disease and the value of borax preparations in its treatment. To sum up :

First.—Dr. Pritchard must be mistaken in asserting that borax has no mouth symptoms.

Second.—If borax has no aphtha symptoms, the statement that it has should be elided from our *materia medica*.

Third.—Borax locally, in conjunction with other measures, is perhaps the best remedy for the cure of the buccal symptoms of thrush.

Fourth.—Borax internally is generally the best indicated remedy for a typical case of thrush.

Fifth.—Thrush is a preventable disease. Its existence indicates inefficiency of precautionary measures.

Sixth.—Sore nipples are the frequent origin of baby's sore mouth. Hence, in every case of thrush, examine and treat the nipples. In this connection, think of hydrogen peroxide and borax solutions.

Seventh.—Don't use sugar with borax in local applications. It is poison to a thrush baby.

Eighth.—Don't treat your cases for marasmus when the real disease is thrush.

A CASE OF DIPHTHERIA.

BY L. A. SNYDER, M.D., ASHLAND, PA.

GEORGE B., age seventeen years, robust, good family history.

Monday, July 22d, complains of sore throat, general malaise, not sick enough to take his bed until three days later, when I was called to see him. Pharynx and tonsils were completely covered with a dirty, grayish membrane, hoarse, shrill whistling cough, abdominal breathing, and very difficult, pulse 100, temperature 102°, restless anxiety, complete aphonia, nasal passages free. Diagnosis, diphtheria of throat with extension to larynx. Prognosis doubtful.

TREATMENT.—Kali bichrom. 3x trit. three grains every hour. Kali permang. ten grains to one ounce of water, used as spray every hour. The nozzle of atomizer was carried to the larynx so as to thoroughly apply the disinfectant spray to that organ. A cloth large enough to cover the entire chest anteriorly reaching to the chin saturated with pine tar was applied. Diet: milk and beef juice also pineapple juice *ad libitum*. The tar poultice gives me good satisfaction in croupous affections. The heat of the patient's body will cause enough vapors to arise from the tar plaster so as to furnish an excellent local remedy at every breath. In children it is especially advantageous as they take kindly to it.

July 27th.—Partial detachment of membrane, breathing easier, cough loose at times. Treatment continued.

July 28th.—Had a good night, no difficult breathing, profuse expectoration of membrane, patient in good spirits.

July 29th.—At 5 A.M., severe chill, flushed face, respiration 70, pulse 120 per minute, temperature 104°. Restless, cough not croupy but racking and painful, pain and tenderness over the upper lobe of right lung, dulness, rusty sputum, no laryngeal obstruction.

DIAGNOSIS.—Pneumonia of upper right lobe, by extension of diphtheria product. Prognosis, very unfavorable.

TREATMENT.—Aconite 1x every half hour, hot oats poultice over the chest not replacing the tar plaster. Same day at 5

P.M., respiration 30 per minute, temperature 101°, pulse 101; patient easier in every respect. I shall no doubt be criticized for prescribing aconite in a fever due to sepsis. The picture was so clear an aconite case that I could not find another simillimum. When a physician finds a true remedy picture to a disease, he should prescribe that medicine whether it is aconite in diphtheria or aconite in typhoid fever. Our *materia medica* seems to reflect but a few remedies *fac simile* to the symptoms of a disease. Truthfully I can say that I prescribe about six remedies with implicit confidence. Is it a lack of thorough provings, or has nature furnished us with but a few elements in her laboratory that ally themselves to pathological changes?

July 30th.—All the symptoms favorable, bryonia 1x and beef, iron and wine ordered.

July 31st.—With the exception of complete loss of voice his condition is normal. Gave nux.

August 1st.—Patient better, voiceless, no cough, respirations, pulse, and temperature normal.

August 2d.—At 6 A.M., severe chill, hissing whistling cough, great dyspnœa, breathing abdominal, a picture of closure of the larynx. Gave kali bichrom. 3x every half hour, steamed with lime. Returned with intubating case at 12 noon, the patient at this hour was cyanosed, breathing very hard. Intubated at once, the tube being placed without any trouble. It did not relieve his suffering. The tube was left *in situ* about fifteen minutes when suffocation seemed sure, and it was withdrawn. At intervals of one-half hour the tube was placed the third time with the same failure and the boy died at 5.30 P.M.

In his recent *Practice of Medicine*, Dr. Hale, of Chicago, says: "What physician in large practice has not seen violent constitutional symptoms and death occur without any local lesion discoverable. My experience is the reverse, the pharynx and tonsils (rarely the nasal passages), show the first signs of the disease, hence the importance of local treatment at the outset.

Hydrogen peroxide, 1 to 4 of water used with a continuous flow syringe, is employed with great confidence, in nasal diphtheria. The cavities are thoroughly but gently flushed every hour. It is non-irritating and harmless should some of the solution be swallowed. The membrane of the throat is better

treated with the brush (not the swab). The material used, whether tincture chloride iron with glycerine, equal parts, permanganate potassium in powder or solution of papoid, 10 grains to 1 drachm of water can be applied more thoroughly with the brush than by atomizer, gargle or injection. The larynx can also be treated with the brush. Internal medication has so often failed me that I am skeptical. One cures a number of cases with ignatia, another makes all his cures with lycopodium, 30, the third with lachesis, 200, and so on from A to Z of our materia medica. The provers have not yet found the simillimum drug to diphtheria or else this death reaper would be robbed of its ravishes as surely as aconite halts a sthenic fever. Antitoxine seems rational and homœopaths should further its investigation. Local treatment is the most effectual to conquer the Lœffler bacilli and the physician who most actively and persistently employs, at the very onset, the germicidal weapons, is the one who will rejoice in the largest number of cures.

EMIGRATION OF INTESTINAL WORMS DURING FEVERS.—Dr E Demateis from experiments upon certain intestinal worms, particularly ascarides finds that if placed in water of 8° to 20° C, they become stiff, curved, or coiled up, and insensitive to external stimuli. If, then, the temperature be elevated to 37° C., they begin to present slight movements, and if it still be carried up to 39°, 40°, and 41°, they are lively and energetic so that their motions seem to be rather a discharge of energy. These movements, though chiefly due to the high temperature, might also be aided by certain morbid processes as typhoid fever, etc. This increased activity may cause them to traverse intestinal ulcers or to pass into abscesses, and thence be evacuated. A worm will not penetrate a normal intestinal wall, but if an opening present it will pass through.—*Gazzetta Medica di Torino*, No 17, 1895.

DIAGNOSIS OF MORBUS BASEDOWII, AND ESPECIALLY OF ITS EARLY STAGES.—Prof. Chr. Gram, of Copenhagen, thinks that this disease is of more frequent occurrence than is usually diagnosed, for generally only when the classical three or four chief symptoms, tachycardia, goitre, exophthalmus, and tremor, are observed, is a right diagnosis made. These early or abortive cases, or, better said, the early stages of the disease, are easily cured and frequently undergo a spontaneous recovery, a contrast to the gloomy outlook of the latter stages with cachexia. A large number of these incipient cases are classed as hysteria, nervousness, neurasthenia, anemia, nervous palpitation, gastric catarrh, etc. He adheres to Moebius's theory, that the disease is due to an abnormal or an increased activity of the thyroid gland, the contrary of myxedema. The symptoms at first being quite intermittent, one should not conclude a cure as certain until some time has passed. In women it is often correlated with uterine affections, and it may be observed during the first pregnancy. Unfortunately, there is a whole series of neurasthenic states, vaso-motor neurasthenia where the great inclination to congestion of the brain and the skin, which with palpitation, anxious states, and abnormal psychic conditions, closely resemble it, or it again may form an intermediate link. Nervous shock is a frequent cause.—*Hospitals Tidende*, No. 18, 1895.

EDITORIAL.

MEDICAL SOCIETIES.

SURELY in the minds of some of those who read in the News Department of the last number of this journal, mention of a baker's dozen of societies and associations which had held, or were to hold, meetings, the question must have arisen, *Cui bono?* For what good? Much more emphatic would be the question if they were to look at the last report of the Bureau of Organization, Registration and Statistics of the American Institute of Homœopathy, with its record of 5 national, 1 sectional, 33 state and 78 local homœopathic medical societies, besides 27 homœopathic clubs and 2 miscellaneous homœopathic medical societies. The existence of so many associations seems to point to some want which they were intended to supply. What that want was can best be learned from a glance at the advantages attaching to these associations. There is continually heard a cry going up in the land to join the various societies, local and general. Attendance upon these will consume much valuable time. A conscientious member will have his club meeting to attend every fortnight, his local society every month, his State and national society every year. The advantages to be derived from such attendance must be very great to warrant it.

Perhaps the chief advantage to be derived from an association of any kind is the strength that it gives to the cause represented by it, in the prosecution of any work. This strength is more than the aggregate strength of the individuals composing it. In union is strength, and individuals who, as such, would be entirely without influence, become, as members of an association, elements of strength. The history of the past, especially in our own school, has amply proved not only the advisability, but the necessity of societies, local and state, for the maintenance and advancement of our rights. Where such associations have been wanting, there the efforts of individuals have, as a rule, been hopelessly ineffectual. As a political engine, therefore, the existence of societies is justified.

In the prosecution of scientific work, too, association is of eminent value, whether undertaken by the society collectively or by its individual members. The past has in this respect, also, much to show. The valuable contributions to homœopathy buried in the *Transactions* of our Institute, and of the several state societies, bear silent witness to the literary and scientific activity of their members. These contributions would, many of them, no doubt, never have been made, had they not been called forth by the importunity of secretaries and the demands of bureau membership.

As a means of fostering the *esprit du corps* of the profession, and of making the members acquainted with each other, societies are commendable. They introduce a personal element into professional relations, which, although not always sufficient to overcome prejudice and prevent misunderstanding, usually softens the judgment and eventually permits of an amicable disagreement.

Furthermore, the numerous societies furnish positions of "honor and trust" wherewith to gratify laudable ambition and to afford means for getting rid of surplus energy.

These are some of the most prominent advantages flowing from this society-cult which is so characteristic of the American. They could be elaborated much more *in extenso*, but it is enough simply to indicate them.

They are, in a measure, offset by certain disadvantages or abuses, all of which can be traced to the too frequent meetings held. We would strongly favor triennial meetings of the Institute, biennial ones for the State society, while the local associations, city and county, could continue, as heretofore, to meet monthly.

By the greater permanence thus given to the organization of our national Institute, it would acquire more of a representative character—representative of the solid, conservative elements of the profession. By the change of officers every year, with few exceptions, the whole body is stamped with a shifting, fluctuating character, not conducive to dignity. Provision could be made to have anything requiring immediate action, occurring during the off years, attended to by the officers of the Institute or by the bureau immediately interested, or an extra meeting could be called should the matter seem of suffi-

cient importance. We think that the moral strength of such a permanent organization would be, for political purposes, even greater than it is at present.

Surely, for purposes of healthy scientific progress, every two or three years would be quite often enough to meet. The character of the papers presented would improve, and we would have more new and original matter offered. It is impossible that every year should see sufficient real progress made to warrant the production of as many contributions as flood the annual meetings of the various societies. Many of these, we must confess, show signs of having been written under the pressure of necessity—not of a new truth to utter, but of a bureau chairman to satisfy. The work done would be better in quality, and would be quite enough in quantity even if reduced by one- or two-thirds.

The interests which would be most likely to suffer by reducing the frequency of meeting would be the social ones. It is possible and probable that the members of the profession at large would not become quite so well acquainted with each other, but then neither would there be the annual competitive junketing, nor the annual burden laid upon communities of physicians for the empty honor of entertaining their colleagues. The local organizations, with their frequent meetings, would serve to keep their members in touch with each other, and in a condition to handle local matters.

A change, such as suggested, would also materially lessen the number of official positions for distribution, and would no doubt, on that account, seem objectionable to many. We confess that it is a very serious objection, considering the way human nature is constituted, but it might be obviated by again increasing the number of vice-presidents, by giving each bureau an official secretary, and by increasing the number of members in the various bureaus. In this way places could be found for the many who are anxious to serve their country, and by enacting a by-law that no one should hold the same office for two consecutive terms, we would soon have the office seeking the man.

There is such a thing as having too much of a good thing, and we candidly think that we are having rather too much of the very good thing—medical societies.

GLEANINGS.

GENERAL MEDICINE.

CONDUCTED BY

WM. W. VAN BAUN, M.D., AND FRANK H. PRITCHARD, M.D.

PNEUMOTHORAX FROM INTERNAL TRAUMATISM.—Dr O. Buss reports the interesting case of a young man of 16 years who, for a long time had been unable to swallow solid food, and which condition had gradually been becoming worse; no history of syphilis nor of having drunk caustic fluids. A specialist attempted to dilate the œsophagus with undue force, when, all of a sudden, the bougie easily slipped downwards. The patient, who formerly had been in fair health, at once began to feel ill, coughed up some blood, a pneumothorax developed with fever, and he died four days after. The constricted portion of the œsophagus was found imbedded in a conglomerate of caseous lymphatic glands, so that hardly any of the œsophageal wall was to be seen. The sound had perforated through the œsophagus into the right pleural cavity by a laceration three-quarters of an inch in length. The lower portion of the right pleural cavity was filled with a dirty gray and stinking fluid. This case teaches with what care an œsophageal stricture is to be dilated. A similar case is cited where an attempt to push down a piece of bone in the stomach was followed by a perforation of the œsophagus 6 cms from its lower end, with a consequent purulent pleuritis, with admixture of pyopneumothorax and food fragments, and finally death. Though rarely of this origin, yet a pneumothorax is quite possible from internal traumatism.—*Deutsche Medicinische Wochenschrift*, No. 23, 1895.

MECHANICAL TREATMENT OF THE LANCINATING PAINS OF TABES.—Dr. Blondel advises, in the treatment of the lightning pain of tabes, the following curious treatment: The patient is placed upon his back upon a bed, with the thighs strongly flexed upon the abdomen, so that they are near the chin; while the patient lies thus, a band is tied around his knees and neck, which enables him to support this position without discomfort for at least five minutes, either in the dorsal or the lateral position. In this manner the spinal cord is extended, and a similar result is obtained as with suspension, and it has, besides, the advantage of being both devoid of danger and easy of applicability. The only disadvantage is the disturbance of respiration; this is easily overcome by slightly abducting the thighs, so that the abdomen is not so strongly compressed. In an obstinate case of tabes, where the pains had resisted various remedies, in eight days this measure caused them to disappear. A month later they returned, to disappear after fourteen days of treatment, and they have not been observed for two years.—*Wiener Medizinische Presse*, No. 21, 1895.

HISTORY OF AN ICE-WATER DECANter AND TWO LAMP CHIMNEYS.—Dr. Henri Picard relates the three following cases:

1. A waiter, being engaged in a cold cellar in filling decanters with ice-water, under the influence of loneliness and the cold occupation, in an idle moment, introduced his penis into the narrow neck of one of the decanters. Unfortunately, he knew nothing of physiology, for the congested organ refused to be withdrawn. On being suddenly called up stairs, in the pressure of the moment, he cracked the bottle and inflicted quite a deep wound of the corpora cavernosa with a splinter of glass. The hemorrhage yielded to cold water, and he soon was able to resume his occupation.

2. An honest couple of the middle class, one evening missed their lamp chimney. The servant girl swore by all the saints that she had not broken it. In the meantime, the son, a young man of eighteen years, had gone to bed with an atrocious colic. The domestic was hurried off to the doctor, and instructed to purchase a new chimney on the way. The physician, an old friend of the family,

in the course of his examination, found the missing chimney attached to the young man's penis. Reassuring the family, who had in the meantime retired to the dining room, he hastened to a diamond glass-cutter under the pretext of having forgotten his hypodermic syringe, and soon returned to liberate the strangulated organ, none the worse for its imprisonment.

3. A case of curious ulceration of the entrance of the vagina in a young woman, who finally confessed to having used a lamp chimney an instrument decidedly hermaphroditic, to satisfy her sexual desires. This ulceration had resisted the usual local measures.—*La France Médicale*, No. 21, 1891.

CHANCRE OF THE GUM.—Dr. Danlos reports the case of a young man who presented a sore throat and an icterus which rapidly yielded to treatment, but who was affected with an enlargement of several cervical glands of one side with suspicious macular efflorescences upon the skin. After several days the roseola was quite distinct and other syphilides appeared. No trace of a genital chancre could be discovered, nothing upon the lips or tonsils, but the upper gums were bleeding and an induration was discovered, which was pronounced by Prof. Fournier to be a true chancre. Such a chancre is frequently overlooked or misunderstood. The glandular enlargement is slower to appear than in other regions, but it is constant. A case of chancre of the upper gums posterior to the incisor teeth has been recorded.—*La Semaine Médicale*, No. 31, 1895.

HEART DISEASES IN MASTURBATORS.—Dr. Bachus, from a study of ten cases of masturbators, concludes that cardiac enlargement may be produced by this vice. The increase in size usually takes place laterally; it is dependent upon a slight hypertrophy, from increase of blood pressure and the heart's work. The patients complain of palpitation and anxiety; the heart's action is mostly accelerated and increased in strength; more rarely it is slowed and weakened. Objectively, there is nothing pathognomic, as the same condition may be produced by alcohol or tobacco. The prognosis is dependent upon whether the patient is able to discontinue his vice. Discontinuance of the habit is of primary importance; avoidance of overexertion of both body and mind and abstinence from alcohol and tobacco are also to be insisted upon.—*Therapeutische Wochenschrift*, No. 17, 1895.

CHRONIC POISONING BY COFFEE.—Dr. Guelliot finds that abuse of coffee affects chiefly the digestive tract, the nervous system and the circulatory apparatus.

The dyspepsia of coffee resembles that of alcohol—coughing up of mucus in the morning; pain in the epigastrium, which radiates into the back; a dirty-coated tongue; disgust for solid food, etc. At a more advanced stage nausea and vomiting appear, with acid eructations and cachexia. Contrary to alcohol, it never causes hæmatemesis nor gastric ulcer.

The circulatory system is also affected. Palpitation is rare, and especially is the pulse slowed.

The symptoms produced in the nervous system are of chief importance. Sleep becomes impossible or is accompanied by terrible nightmares. When the patient is awake he complains of a sensation of emptiness in his head and often of vertigo. At this period there is a very marked trembling of the upper and lower extremities, as well as a fibrillary tremor of the lips, which may extend to the muscles of the face and to the tongue.

The victim also suffers from cramps of the thighs and calves of the legs, which are especially prone to appear at night and to disturb sleep. Sensibility is diminished, and it has been thought possible that coffee might cause paralysis like alcohol.

The genito-urinary system is also affected. The symptoms are much less obstinate than those of alcohol. Discontinuance of the drug usually is followed by rapid improvement.—*La Semaine Médicale*, No. 30, 1895.

TREATMENT OF ACNE FACIAL BY MASSAGE.—Prof. Pospelow claims the very best of results in the treatment of facial acne by massage. Before retiring, the patient after having washed his hands, in very warm water, seats himself before a mirror and practices effleurage with his fingers, previously slightly oiled. These centripetal stroking movements must always be made in one direction; on the forehead, from the middle line towards the temple, on the cheeks from the inner corner of the eyes, from under the ears towards the nose, from the naso-labial commissure, towards the lips and from the angle of the jaw, to the chin. After this sitting which lasts from fifteen to twenty minutes the face is not washed but

dusted with rice powder. The next morning the patient washes his face carefully with lukewarm water, dries it and begins the massage anew, but less energetically than the previous evening and for only ten minutes. The face is again powdered with rice powder or starch. These sittings must be repeated regularly every day, morning and evening for several months. As the disease is so resistant and disagreeable he thinks that the results thus obtained will be superior to those with other measures.—*Wiener Medizinische Presse*, No. 25, 1895.

PULLAKIURIA.—Dr. J. Janot finds this symptom, frequent urination, present in a number of urinary affections as in the various forms of cystitis, compression of the bladder during pregnancy, from ascites, tumors, etc., yet it may also be dependent upon nervous states where no cystitis is present and the urine is free from microbes. It may be due to mechanical or chemical irritation of the bladder as from catheterization, irrigation of the bladder, etc., to irritation in distant parts as balanoposthitis, scrotal eczema, genital herpes, etc., to bad habits, timidity, hypochondria, as well as to diseases of the central nervous system. It may appear either during the day or night and be associated with pain or not. The bladder is either well filled or contains but slight quantities of urine. The treatment consists in removal of the cause and breaking up of the habit for the irritability of the bladder may continue after the cause has been removed. Gradual dilatation of the bladder by means of weak boric acid solutions will gradually cure the majority of these cases.—*Centralblatt Fuer Chirurgie*, No. 23, 1895.

HYSTERIC SIMULATION.—Dr. Mikulicz recently communicated to the Breslau Medical Society an interesting case of hysteric simulation in a woman of fifty-one years. After a slight trauma in 1891 she was seized with pain and vomiting of blood and later, with fecal vomiting. These ceased but reappeared during the summer of 1892 in a more violent manner. The attending physician diagnosed a stricture high up in the rectum and applied gradual dilatation, with bougies. After transient improvement fecal vomiting again set in and a trial explorative laparotomy was done but nothing abnormal was found in the intestine. As later there developed an abscess in the vicinity of the sacrum the coccyx was resected. This was followed by a free interval of several months. In the beginning of 1893 vomiting again appeared when a preternatural anus was formed, and though it functionated well, the vomiting did not cease. Later, during the same year, she visited another physician, who amputated her right breast. The vomiting then left her. She came to Mikulicz to be freed from her intestinal fistula, to which the anus preternaturalis had dwindled. This was operated on, the intestine loosened from the abdominal wall and the gut sutured. Healing took place uneventfully, but all of a sudden she was taken with violent abdominal pains and fecal vomiting, and she demanded that another preternatural anus be made. In the meantime there was a great misrelation between the vomiting and the necessary meteorism and peristalsis, while the good condition of her general nutrition contrasted with her frequent vomiting seizures—often twenty a day. In her vomit there were found scybala, such as would be formed in the large intestine, while the fecal vomiting of obstruction is generally liquid. He, therefore, was no longer in doubt that she was hysteric and had her carefully watched, without result. As she was presented at a clinical lecture, she vomited up some fecal lumps covered with mucus. A stomach-tube was immediately introduced, and the gastric contents found to consist of innocent, sour-smelling and half-digested food, without the slightest trace of a feculent odor, while that which she had just thrown up had a pronounced odor of feces and a neutral reaction. The patient had undoubtedly extracted the feces from the rectum, and secretly put them into her mouth. In this manner she had succeeded in deceiving physicians for years, and led them to do one capital operation after another.—*Hospitals-Tidende*, No. 24, 1895.

TO REMOVE BLOOD STAINS.—Dr. A. Benkizer recommends warmly tartaric acid in removing blood stains from the hands, especially in the sulcus at the base of the nails, as well to clean rapidly various instruments, sponges, brushes, etc., which might have become stained with blood. It will suffice simply to wash these articles, as well as the hands, in a wash-basin of water to which has been added a teaspoonful of tartaric acid, and then to rinse them in pure water, without soap. In cleansing porous substances or cloth fabrics the acid should be carefully wrung out before rinsing. This acid easily dissolves blood stains, giving the water a peculiar brownish color.—*La Semaine Medicale*, No. 35, 1895.

GENERAL SURGERY.

CONDUCTED BY

WM. B. VAN LENNEP, A.M., M.D. AND H. L. NORTHROP, M.D.

REPORT OF MAJOR AMPUTATIONS.—A statistical report of seven hundred and three major amputations, from the records of eight hospitals of New York City, is given by Erdmann in the *Annals of Surgery*. He summarizes as follows :

That the mortality of single operators is lower than in general hospitals.

That, owing to the ignorance of the classes that inhabit our large charity institutions, consent is not easily obtained, in a great number of cases, until an almost fatal condition is present, and as a result of this the mortality-rate is materially increased.

That the mortality-rate in the last few years, owing to improved antiseptic and aseptic technique, has been lowered considerably.

That deaths from secondary hæmorrhage have diminished in direct proportion to the perfection of our antiseptics and asepis.

That age, although a factor in the mortality-rate, does not carry with it at present the great importance of former years

And, finally, that the prognosis as to recovery from the operation in amputations for disease is much better than in cases of trauma.

CASE OF DIFFUSE SUPPURATIVE PERITONITIS FOLLOWING A PERFORATING APPENDICITIS CONDUCTED TO RECOVERY.—Berger (Paris) has opened the abdominal cavity many times for the condition of diffuse septic peritonitis due to perforation of the appendix, yet in only one case has a recovery been secured. The fortunate termination he attributed to a systematic and complete washing out of the peritoneal cavity which he was able to make through three separate incisions, and by subsequent multiple drainage of the cavity. The abdomen was opened by the usual incision in the right iliac region and a large quantity of turbid, flocculent liquid at once escaped. A perforation in the appendix at the level of its insertion into the cæcum was found, but the state of the parts did not make excision of the appendix practicable. The cavity of the pelvis was filled with thicker and more fetid fluid and pus. From the region of the umbilicus and the left iliac fossa large quantities of fetid, turbid fluid escaped.

Everywhere the peritoneal surface was gluey and covered with flocculent exudate. To more certainly cleanse the abdominal cavity, a second incision was made in the linea alba above the umbilicus, and a third in the left iliac region. Through each of these incisions, in succession, a glass tube was carried into the most distant recesses of the peritoneal cavity and copious streams of warm sterilized water were made to flow through them until the injected water returned almost entirely clear. Through each of these incisions a large rubber drainage-tube, surrounded with salol gauze was then introduced, one penetrating to the left flank, a second to the bottom of the pelvis, and the third to the right iliac fossa, where the cæcum and the appendix were surrounded with strips of salol gauze so as to shut off as much as possible the primary seat of infection.

The patient bore the operation well; on the third day the tampons were withdrawn from the linea alba and from the left iliac fossa, and that in the right side was changed, no fluid escaping. From this time a steady convalescence.—*Bulletins de la Société de Chirurgie de Paris*.

THE HORIZONTAL POSITION FOR APPLYING THE PLASTER-OF-PARIS CAST.—It was on account of the difficulties in the way of applying the cast in the upright position and the unsatisfactory results often following its application in that way that led Sloan (Seattle) to devise a method which is more simple, more efficient and, at the same time, one which gives the patient the greatest degree of comfort possible while the jacket is being applied.

This apparatus consists of a frame eight feet long and six feet high. A ham-mock made of canton flannel, double thickness, from nine to fifteen inches wide, according to the size of the patient, and a few inches longer than the patient to be treated, is stretched between the two upright pieces. To the top rail of the frame is suspended a pole by two straps with buckles, so that the pole can be

raised or lowered at will by the operator. This completes the description of the apparatus.

The patient is prepared by applying the usual closely-fitting knit shirt, padding or not, as in the ordinary manner. The end of a roller bandage is now attached to the suspended bar, and about three turns of the bandage are taken around the body and up over the bar, leaving an interspace between each turn of the bandage. The turns of the suspension bandage should be drawn sufficiently tight to cause the hammock to fit the concavity of the back, and after securing the bandage to the bar they can be further adjusted, if necessary, by raising or lowering the bar. After first applying a dry roller bandage the plaster bandages are applied and should be carried from the trochanters to the axillary spaces.

When the cast has been applied the patient is left undisturbed for a sufficient length of time for it to harden, which should be not less than two hours in any event. After it has become sufficiently firm the patient is placed upon the feet, and the two ends of the hammock, with the suspension straps, are cut off even with the cast.

This is an extension apparatus, exceedingly simple and exceedingly efficient. Its advantages may be summed up as follows:

1. The patient experiences no pain in consequence of the operation.
2. In this position we secure muscular relaxation, without which we cannot hope to achieve the best results.
3. This position is the most desirable for securing perfect adaptation of the cast to the patient's body.
4. Time is not limited as in the upright position, and we are not compelled to rush through with an operation the result of which depends upon the amount of care we exercise.
5. In this position we secure the nearest approach to absolute quiet with regard to muscular movements, both voluntary and involuntary, including respiratory movements.
6. Fatal syncope can never occur in this position in consequence of the operation, as has sometimes happened with feeble patients while being suspended in the upright position.
7. After the cast has been completed the patient can be left quiet and comfortable in position a sufficient length of time for it to harden, a thing impossible in the upright position.—*Medical Record*.

TREATMENT OF WARTS.—Kaposi (Vienna) recommends removing single warts with a sharp curette, though the resultant hæmorrhage may be profuse. In confluent forms other measures are advisable, as the subsequent cicatrices may be troublesome. In such cases, fuming nitric acid is a good local remedy; tincture of thuja is also valuable. Condylomata are best dusted with resorcin or salicylic acid; a 10 to 20 per cent. salve of these remedies may also be employed. A large number of small warts may suddenly appear on the face at one time. Then he would cover the face with a piece of flannel, well smeared with green soap; this is allowed to remain on for twenty-four hours, when the warts will be removed with the flannel. Another serviceable local application is: flowers of sulphur, 20.0; glycerine, 50.0; concentrated acetic acid, 10.0. In warts upon the palms of the hands and the soles of the feet, a resorcin or a salicylic acid salve is very efficacious. Mollusciform nævi are very advantageously treated by electrolysis, the positive pole being connected with a needle-thrust into the growth, when a current of 1 to 2 milliamperes is allowed to act for about thirty seconds. This is repeated every eight to fourteen days.—*Norsk Magazin for Lægevidenskaben*.

GYNÆCOLOGY AND OBSTETRICS.

CONDUCTED BY

GEO. R. SOUTHWICK, M.D.

THE PATHOLOGICAL ASPECTS OF STEVENSON'S WAVE.—Stevenson, of Aberdeen University, has shown that there is a congestion-wave running through the female pelvis, whose cycle is twenty-eight days. We will take the starting-point

of this cycle directly after the flow has ceased. For about seventeen days we have almost an anæmic condition of the pelvis, and if it were run out on a chart you would find a low level plateau, as it were, in the tracing, which has almost no undulations until about the seventeenth day. About this time, the pressure begins to increase, but it is slow until the twenty-third day. Then, however, the ascent is much sharper, because the pressure has become much greater; and it increases very rapidly until the flow begins, at which time it is at its greatest. From this on, it diminishes very rapidly until the flow ceases, at which time it has fallen back to the starting-point of our original low plateau. This has been proven by delicate dynamometers.

Any pathological condition or weakness of the pelvic or abdominal organs is aggravated during the height of the pressure. As illustrations of this, are the congestions of the liver and the rest of the chylopoietic system, which are such a universal accompaniment of pelvic mischief; so much is it the case, that I have laid down as an axiom almost, that nine out of every ten women, who have had habitual bad digestion for years, have some pelvic mischief as the prime cause of that trouble.

In fact, it is a rare exception to find a woman with pelvic mischief who has good digestion; and if you will study these indigestions in the light of the crest and trough of the Stevenson wave, you will find that somewhere in its cycle they are always aggravated.—A. W. Johnson, M.D., in *Journal of Obstetrics*, May, 1890.

FURTHER EXPERIENCE AND OBSERVATIONS IN HYSTERECTOMY FOR FIBROIDS.—In the June number of the *American Gynecological and Obstetrical Journal*, S. C. Gordon, M.D., says: "That the operation is much more difficult than abdominal cases generally—especially is this true in cases of long standing, where adhesions and complications exist. Almost every man has his own method of operating. I have never changed mine since I adopted the *continuous suture with catgut*, about twelve years ago. Since 1884, I have used no silk, silver-wire, or any form of suture or ligature, aside from catgut, in the abdominal cavity or out of it with the single exception of silkworm-gut for closing the abdominal wound. With well-prepared catgut I feel the utmost safety, both as regards asepsis and freedom from hæmorrhages after operation. It has a special advantage over many forms of ligature, in that you can use it freely by continuous suture, where the same amount of silk would be a great objection.

"In this special operation, after placing a long clamp beneath the ovary and tubes, with a strong curved needle threaded with No. 4 or 5 catgut, I ligate a portion of the broad ligament an inch below the clamp, carefully fastening by over-and-over sewing this part. I then cut between the clamp and ligature, and, as fast as I cut, continue the over-and-over suture, always keeping one loop ahead of the knife or scissors. In this way I close the broad ligament as soon as cut. When I have divided the broad ligament down as far as the uterine artery, and before cutting it, I carry an incision around the uterus and in a line with the last suture, through the peritonæum which I dissect off both in front and behind, continuing the suture as before—this includes the uterine artery, and no blood is lost in the average case, where the tissues are not impaired in their integrity. A little care and patience soon relieves the cervix, and by that time the continuous suture has nearly closed the vaginal opening, so far as I care to do so.

The advantages I claim for this operation are:

- "1. In my hands it is easier than any other method
- "2. By using catgut one has less fear of strangulating the tissues, on account of its elasticity.
- "3. By the continuous suture, one can always have the bloodvessels under control by carrying a loop of the suture below the point of division before cutting the vessel
- "4. If tissues are weak and fragile from inflammatory action, the catgut suture can be used in any direction to almost any extent, in the event of annoying bleeding.
- "5. Absorption of catgut always takes place, so that there is much less danger from fistulæ following, which so often occur when silk is left in the pelvic and abdominal cavities.
- "6. In my experience, no casualties have followed its use that may not have followed any kind of suture."

MONTHLY RETROSPECT

OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY

CLARENCE BARTLETT, M.D.,

FRANK H. PRITCHARD, M.D., AND F. MORTIMER LAWRENCE, M.D.

TREATMENT OF DYSMENORRŒA.—Dr. P. Jousset divides dysmenorrhœa into three varieties: dysmenorrhœa from spasm of the cervix, membranous dysmenorrhœa, and essential or neuralgic dysmenorrhœa.

In that form dependent upon spasm or stenosis of the cervix, the chief remedies are *viburnum*, *chamomilla*, *belladonna*, *pulsatilla*, *actœa*, *hamamelis*, *caulophyllum*, *ferrum coffea*, and *senecio*.

Viburnum.—Jousset speaks very highly of this remedy, which is rather indicated from clinical use than from any pathogenic knowledge.

Twenty to thirty drops of tincture in six ounces of water; one teaspoonful every hour or less often.

Chamomilla.—One of the most frequently used. Abundant hæmorrhage, with formation of clots and excessive pains. Slight chills, vomiting, diarrhœa, and fainting attacks.

From the third to the sixth dilution.

Belladonna.—Rarely employed alone, but generally in alternation with the preceding. The same dilutions as with *chamomilla*.

Pulsatilla.—Generally indicated when the menses are late and scanty. The pains are very intense and appear under the form of colic, which forces the patient to bend double. (Kali permanganicum is also very useful here; above all, when the colic is terrific and not relieved by extremely warm applications or even morphine.—*Trans.*)

The first three dilutions.

Actœa Racemosa.—A remedy decidedly indicated by its pathogenesis, and especially in women subject to muscular pains and those who experience a sensation of weakness in the epigastrium.

The first decimal trituration.

Hamamelis.—When the menses are too profuse and in those with hæmorrhoids.

The tincture and the first few dilutions.

Caulophyllum.—Its pathogenesis presents uterine colic, and it is of great service in dysmenorrhœa. Drs. Hale and Hughes speak especially highly of it. The latter writer thinks it the best remedy to be given in the intervals, that the seizures thus be prevented.

The first few triturations and the tincture.

Coffea.—When the pains are excessive so as to drive the patient to despair.

Ferrum.—In chlorotic subjects *ferrum* acts marvellously, at times; *senecio* is an analogue of *pulsatilla*.

Magnesia Carbonica.—Cessation of the flow during the pains is a characteristic symptom of this drug therefore rendering it indicated in dysmenorrhœa from atresia of the cervix (spasmodic). The menses appear in advance of the usual time; they are blackish and too profuse.

From the sixth to the twelfth dilution.

Administer these remedies all in hot water; cold water will aggravate the pains.

Membranous Dysmenorrhœa.—Here borax is especially indicated and it has been recommended by Bennett, Hale, Hughes and Ludlam. Its pathogenesis presents violent griping pains extending from the stomach to the intestines; the menses are too abundant and too early.

Essential or Neuralgic Dysmenorrhœa.—The principal remedies here are: gelsemium, xanthoxylum fraxineum, coffea, tarentula and thuya.

Gelsemium.—Clinical experience especially has fixed the therapeutic value of this remedy in the treatment of this variety though its pathogenesis contains very violent uterine colic, radiating into the kidneys and thighs. The presence of hysterical symptoms is another confirmation. The tincture and the first few dilutions.

Xanthoxylum Fraxineum.—In women who are delicate, nervous and frail. The first few dilutions.

Tarentula.—This remedy contains in its pathogenesis uterine colic with expulsive contraction. It has been used successfully.

The first six dilutions.

Thuya.—This remedy is indicated when the pains are situated in the iliac fossa and left groin; tympanites with a rather scanty menstrual flux.

The first three dilutions.

Coffea.—Indicated by excessive pains.

The first few triturations of the alkaloid, caffeine.

As adjuvants one may employ hot applications, hot drinks, or hot sling and rest in bed, which help to diminish suffering.—*L'Art Medical*, No. 3, 1895.

HYOSCIN HYDROBROMATE IN TREMBLING OF THE ARMS.—Dr. Machenhauer recently administered hyoscin hydrobromate, in a case of tremor of the arms in a man of fifty years, where the trembling was so great as to render him unfit for work. Though not definitely curative the drug so controlled the symptom that he has been able for the past six years to perform his duties on his farm, without inconvenience. The remedy was administered in a dose of one one-hundredth of a grain. Jahr states trembling of the arms to be characteristic of hyoscyamus.—*Leipziger Populære Zeitschrift fuer Homœopathie*, Nos. 11, 12, 1895.

CHELIDONIUM IN LOBAR PNEUMONIA COMPLICATING MEASLES.—Dr. J. De Wée was called to a child of eight months who, at the twentieth day of a very severe whooping cough, was attacked by the measles. On the third day the temperature rose suddenly to 40.3° C., and a lobar pneumonia of the base of the right lung was diagnosed. Tart. emet., ipecac., and bryonia, all in the third dil., were given in alternation hourly without result, for, on the fourth day of this treatment, the disease had extended over the entire lung. Respiration was panting, temperature 40.6° C., and the cough convulsive coming on in "spells" about every half hour. Chelidonium 6x was given, on account of the history of whooping cough and the convulsive nature of the cough, and the localization of the pneumonia on the right side. The result was eminently satisfactory; for, in twenty-four hours, the pneumonia had disappeared and only a few subcrepitating râles remained; the whooping cough diminished in intensity, so, that, on the third day of this treatment, only five spells were noticed.—*Journal Belge d'Homœopathie*, No. 2, vol. ii., 1895.

REMEDIES IN DIARRHŒA.—In a recent meeting of the French Homœopathic Society, the subject of the treatment of diarrhœa was discussed. Dr. Jousset thinks diarrhœa either an acute or chronic disease or a symptom. The three great remedies in acute diarrhœa are croton tiglium, merc. corr., and veratrum album. Escalier has fixed the indications for croton tiglium: profuse stools, preceded by a desire which is extremely urging, and the stool issues with great rapidity, in a violent jet, as though a clyster were being evacuated; it is accompanied by a great deal of flatulence and tympanitis; the third and the sixth dilutions he prefers. Merc. corrosivus is of service in dysenteric diarrhœa, preceded by great malaise, even to fainting; a feeling of heat throughout the whole body is experienced after stool.

In chronic diarrhœa, arsenicum is indicated, especially with lenteria, accompanied by thirst, and aggravation at night. He finds the third trituration, according to Teste's advice, the best. In tubercular diarrhœa he employs an empiric substance, cotoine 1x. Rheum is indicated in the acrid diarrhœa of children; in the tincture it might be of service in that of tuberculosis. In the chronic diarrhœa of dentition he recommends two remedies, calcarea acetica and acid. phosphoricum; he alternates them, four to six times a day.

Dr. Love regards veratrum as of no service in young children; acid. phosphoricum seems to replace it. Chamomilla he holds to be best in the green diarrhœa of dentition; calcarea carbonica as a good second choice. In cholera in-

fantum he nearly always employs arsenicum 3x, with plenty of water to drink to replace the fluid lost. In dysentery of children, with prolapse of the rectum before stools, he recommends mercur. corr. as a promptly acting remedy.

In athrepsia, with simultaneous diarrhœa and vomiting, in children, where a collapsed condition rapidly follows, ipecac. has been found by Dr. L. Simon to be of value; Dr. Hughes recommends here iris versic. Dr. Cartier has seen febrile diarrhœa yield to ferrum phosphoricum. In diarrhœa without characteristic symptoms he usually prescribes chininum arsenicosum 3x.

Dr. L. Simon has found ferrum and china to be the two chief remedies in lenteria.

Dr. Tessier calls attention to the value of acid phosphoric. in light-colored diarrhœa, acid. muriat. in dark-colored stools, and finally in stools of a greenish appearance. Persistent diarrhœas will frequently give way to dioscorea vill. in low dilutions. He related the story of Velpeau's coachman, who, suffering from lenteria, had been treated by the various French medical lights of the period. He finally drifted into the hands of a homœopath, who cured him with one prescription of ferrum 12x. In a child with nocturnal diarrhœa of a bilious and yellow appearance, with prolapse of the rectum, podophyllum promptly cured.—*Revue Homœopathique Française*, No. 1, Tome vi., 1895.

ARSENICUM IN EPITHELIOMA.—Dr. G. Bonino administered arsenicum 6x, 30x, and then 200x, in a woman who had passed through the first year of the menopause, and who was afflicted with an epithelioma of the left wing of the nose, reaching from the lower eyelid to the ala nasi. The remedy greatly reduced the tumor in size, when she was forced to discontinue treatment.—*L'Omniopatia in Italia*, Fasc. xxiv., 1895.

COCCUS CACTI IN VESICAL CATARRH.—Dr. G. Bonino promptly relieved and cured the following symptoms with coccus cacti: Brownish urine, which was very fetid and ammoniacal, the vesical region painful to the least pressure, with burning in the urethra after micturition. These symptoms complicated a hepato-hæmorrhoidal trouble.—*Ibidem*.

CYCLAMEN EUROPÆUM.—Dr. J. De Wée has recently given us a *resume* of the action of this remedy, with comparative notes. It resembles pulsatilla very closely in its gastric symptoms; there is an accumulation of mucus and saliva, a sour taste, and the tongue is thickly covered with a white coat. At night there is a dull toothache. The characteristic abdominal symptom is a formation of gas, with nocturnal colic, which forces the patient to walk about. The characteristic diarrhœa sets in after drinking coffee. The menstrual disturbances often are complicated by mammary symptoms; in one prover a milk-like fluid exuded from the breast, which stained the linen like starch. The menses are primarily increased, and then scanty and delayed. The dysmenorrhœa is accompanied by flatulence and characteristic nocturnal colic like cocculus. In the upper extremities there is a painful and drawing sensation in the inner side of the elbow and wrist-joint. "A sort of laming, pressive pain begins slowly in the forearm and radiates into the fingers so as to hinder writing; at the same time there is cramp-like and slow contraction of the thumb and forefinger, which requires an exertion of strength to extend these parts." This symptom led the writer to the successful choice of the remedy in a case of writer's cramp of seven years' duration. The sleep of this remedy is restless, falling asleep difficult, and when the patient does, he dreams; arising in the morning is difficult, as one still feels so fatigued. In pulsatilla the sleep is delayed, but it is then deep till morning. In nux vom. sleep sets in early in the evening, but the patient awakens after midnight.

In general there is aggravation in the night, during rest and after eating fatty foods.

Pulsatilla in chlorosis and anæmia does not present the visual disturbances so characteristic of cyclamen, but it has, like cyclamen, loss of appetite. The cyclamen patient has a repugnance to food after he has, with appetite, taken a few mouthfuls. In pulsatilla the headache affects the whole head; in cyclamen it is semilateral and chiefly left-sided. In iris versicolor the headache begins with blindness in one or the other eye, and as soon as this disappears, the headache increases in intensity. A distinction between these two remedies is frequently very difficult. He would administer cyclamen when the disturbance of sight is associated with phosphenes and the headache is situated in the left side

of the forehead and temple. It will not immediately relieve, but given during the intervals will prevent. Cocculus is an analogue in dysmenorrhœa, when this appears with flatulent colic at night, and is ameliorated by getting up and going about. Ferrum metal is indicated, as is cyclamen, in chlorosis. The former has profuse menses, with lighter-colored blood than cyclamen; at the same time there is epistaxis at the slightest cause, with vertigo. *Helonias dioica* only resembles cyclamen in the mental sphere. In both there is a lack of desire to work, but as soon as it is started all the symptoms improve.—*Allgemeine Homœopathische Zeitung*, Nos. 19-20, 1895.

HAMAMELIS VIRGINICA IN RUPTURED VARICOSE VEINS.—Dr. Schier recently employed, with success, hamamelis virg., both locally and internally, in a case of hamatoma of the inner side of the right thigh in a pregnant female, due to rupture of a varicose vein. These patients usually suffer from profuse menstruation, occasionally associated with hæmorrhoids; the menstrual discharge is of a dark color, and mixed with tar-like clots. Hamamelis virg. best covers this symptom-picture, and it is well to employ it in a low potency—2x to 3x, locally. It is best incorporated in lanolin as a base, which does not easily become rancid, and in the proportion of one part of the tincture to ten of the vehicle.—*Leipziger Populäre Zeitschrift fuer Homœopathie*, Nos. 9 and 10, 1895.

ÆTHUSIA CYNAPIUM IN CHOLERA INFANTUM.—Dr. Schier was consulted for a little boy of eight months, who for several days had been suffering from vomiting and diarrhœa, and who consequently appeared somewhat emaciated and ill. His tongue was not coated; his appetite was good; but scarcely had the child—a bottle-fed child—emptied its bottle, than it would immediately vomit up profusely greenish curds, which were sometimes of a greenish tinge; this would so weaken the little patient that he would fall asleep from sheer weakness and exhaustion. At the same time he passed from five to six greenish diarrhetic stools, which were so acrid that the region around the anus had become red and painful. No possible cause could be discovered, as he had formerly been healthy, and no change of diet had recently been made. Æthusia cynapium 4x was administered every two hours, and, instead of the usual milk, only a thin oatmeal gruel was ordered. Lanolin was applied locally to the anus. In six days a great improvement was to be noticed. Already, on the second day, the vomiting had entirely disappeared, and the diarrhœa returned to two normal evacuations daily. In order to prevent a return, calc. phos. 3x was administered once a day, at noon, for some time after.—*Ibidem*.

[In cases of summer diarrhœa in small children, besides the indicated homœopathic remedy, I have found it of great advantage to give the little patient from time to time teaspoonful doses of the juice of canned or fresh raspberries. Frequently, this will be quite sufficient of itself.—EDS.]

A PROVING OF THUYA OCCIDENTALIS.—Dr. Mersch reports the four following provings of thuya occidentalis:

1. M. N., of a sanguino-lymphatic temperament, took, for six days, three drops of the tincture of thuya. From the second day, he experienced a heaviness of the head, principally in the morning, which prevented him following his usual occupation. He also noticed a few, though slight, rose-colored blotches upon his back. Besides, though he had never been affected with warts, he noticed several days after having discontinued the remedy two small wart-like excrescences, soft on the external side, of the root of the thumb. Though more than three years have passed since then, these still remain; yet they have decreased in size, and have become softer.

2. Dr. De Vriese took the drug in the same dose for four or five days. He had no painful symptoms, but observed several annular blotches at the upper portion of his thorax, which were covered with a thin scale of epidermis which easily detached.

3. The reporter, of a nervous-bilious temperament, also proved the drug in the same doses, but for fifteen days. He suffered from a heavy sensation in the head, as well as from an eruption like that of the preceding prover, but which was much more pronounced, and appeared from the sixth day over the entire body. The desquamating epidermic scales were thicker, and of the size of the blotches. Besides, from the twelfth day he experienced a tearing pain along the right arm, in the ulnar region, which forced him to keep his arm flexed for eight

days, and which was actually distressing on attempting to extend the arm. It greatly hindered him in dressing himself; heat slightly relieved. A small, soft wart appeared at the external portion of the right middle finger. This disappeared about a month after the proving was ended.

4. M. C., who took the remedy in the third centesimal dilution, as a preventative of small-pox, suffered from a simple urethritis, which disappeared on leaving off the remedy. One of his friends experienced the same symptom. None of these subjects, except the reporter, knew beforehand the effects of the proved drugs.—*Journal Belge D'Homœopathie*, No. 2, vol. ii., 1895.

SILICA IN SUPPURATION.—Dr. H. Goullon was called to a man who had accidentally cut his thigh quite deeply with a sharp instrument. A local surgeon, without any antiseptic preliminary measures had simply closed the wound with adhesive plaster. When he saw the case, seventeen days after the accident, the wound was found to be healing badly, with formation of pus. A boric-acid ointment improved it somewhat, but on attempting to get up, the leg became worse; an erysipelatous erythema appeared, and suppuration became worse. An infusion of chamomilla was applied locally on absorbent cotton, and silica, 12x, was administered. Both had strikingly favorable results; the erythema disappeared, the wound became dry and ceased to suppurate, and in three days he was able to resume his work.—*Leipziger Populäre Zeitschrift fuer Homœopathie*, Nos 9 and 10, 1895.

CHELIDONIUM IN VARIOUS DISEASED STATES.—Dr. Hesse, of Hamburg, reports the following interesting cases:

Chelidonium in Melancholia and Weakness of Memory.—A man of fifty years had been melancholic and suffered from weakness of memory for some time. No characteristic symptom could be elicited for selection of a remedy, except pain under the right shoulder-blade. He received chelidonium, and after the first dose a series of abscesses developed in the nape of his neck and around the wrist, with simultaneous improvement. At present, he is able to follow his occupation, which requires a good memory.

Chelidonium in Gall-Stone Colic.—A lady of forty years was suffering from an attack of gall-stone colic. She complained of sharp, stitching pain in the region of the liver, constricting pain in the umbilicus, and pain under the lower angle of the right shoulder-blade, with nausea. Chelidonium 30x ameliorated in an hour. In former attacks morphine had always been necessary.

Chelidonium in Neuralgia.—A young lady of twenty years one evening suffered severely from neuralgia, which affected the right side of the head, while other pains coursed from behind the ears over the shoulder and upper arm through the chest to the shoulder-blades, it being especially worse on the right side. On being asked where the pain was worst, she answered, "under the lower border of the right shoulder-blade." Chelidonium 3x was prescribed, every half-hour, with successful results, after several doses.—*Allgemeine Homœopathische Zeitung*, Nos. 23 and 24, 1895.

COCCUS CACTI—Dr. Puhlmann calls attention to the virtues of this remedy in certain affections. This drug was formerly officinal up to the beginning of the present century. It was regarded by the old school as a remedy in certain diseases of the urinary tract, as gravel, dysuria, as well as in whooping-cough. Rademacher called attention to its value in dropsy. The first provings of the Vienne Homœopathic Society with various potencies, even with the 30x, were worthy of little confidence. The later one of Dr. Reil, with the tincture, is more reliable. The remedy seemed to have a specific action upon the urinary tract giving rise to irritative conditions, with a thick and brownish-red sediment, in the urine, of urinary salts, together with a great deal of mucus. The sexual appetite was increased to actual excitement, and catarrhal symptoms of the respiratory tract were also noticed. Dr. Heinigke was very fond of prescribing this remedy. He always employed it in a trituration of 1 : 5 or in the tincture, five to ten drops, frequently repeated. Reil also preferred the tincture. This is the manner in which it is to be prescribed or it will disappoint one. A very striking symptom is "frequent vesical tenesmus, with passage of but very little urine." This is a very common symptom in elderly men who, when they sit in a restaurant in the evening and once "get to running," cannot stop. In this very disagreeable state he has often administered *coccus cacti* with brilliant results. Heinigke gave as

indications "the presence of thick and brownish-red sediment in the scanty urine during the course of certain catarrhal affections of the respiratory organs and especially in whooping-cough, as well as in mild and serious affections of the urinary organs, even when they have led to dropsy." In many cases it will alleviate the symptoms and prepare the way for other remedies. In whooping-cough, with morning aggravation, it is said to act well. "As the child awakens in the morning, it is immediately seized with a coughing fit, which only ends by expectoration and vomiting of clear and tenacious mucus. Here it will often relieve. In catarrhal consumption, with expectoration of clear, albuminous, and tenacious sputa, which can be drawn out into long threads, together with sharp and stitching pains under the clavicles it is recommended. Either the tincture or the mentioned trituration must be employed in order to obtain results.—*Leipziger Populäre Zeitschrift Fuer Homöopathie*, Nos. 13 and 14, 1895.

ACONITE AND PHOSPHORUS IN CONGESTION OF THE LUNGS.—Dr. Lambrechts was hurriedly called to a man æt. 35, very corpulent, and of a sanguine temperament, who had taken cold, and, in spite of an incessant cough, he had persisted at work until he became suddenly worse. When seen, he was sitting up in bed and gasping for breath, scarcely able to answer except in monosyllables, while his respiration was painful and accelerated. Frequent attacks of irritating cough brought up a frothy liquid mixed with clear red blood. His pulse was small and rapid and the heart-beats weak. His face was covered with a profuse cold sweat; he was anxious and excited. No dulness on percussion, but on auscultation numerous fine and subcrepitating râles were to be heard throughout both lungs. Temperature normal. Diagnosis, acute pulmonary congestion, with œdema of both lungs. An unfavorable prognosis was given, as he might die at any minute. Aconite and phosphorus were prescribed in alternation. The next day he was much better, and in three days he was able to go to work again.—*Journal Belge d'Homéopathie*, No. 3, vol. ii., 1895.

CARBO VEGETABILIS IN CAPILLARY BRONCHITIS.—Dr. Lambrechts was called to a child æt. 5, who had been suffering for several days with capillary bronchitis. He found the child emaciated and considerably depressed; of a leaden color; cyanotic; its respiration very greatly accelerated; fifty-five respirations to the minute, with a fan-like motion of the alæ of the nose; its cough was infrequent and its pulse 120. The entire chest was filled with hoarse râles. Carbo vegetab. 6x was prescribed, and a very unfavorable prognosis given. The next day, slipping a blank death certificate into his pocket, he visited the child. He was agreeably surprised to find it better. It coughed more and expectorated better, and its respiration was easier. A few teaspoonsful of white sweet wine were given, and carbo veg. was alternated with antimon tart 3x. Under the influence of this treatment rapid improvement followed, and the child was restored to health in fifteen days.—*Ibidem*.

THE DOSOLOGY OF THE ANTIMONIALS.—Dr. H. Goullon would never advise giving any of the antimonial preparations high. A few grains of the first centesimal trituration of tartar emetic in a wineglassful of water and of this a teaspoonful every two hours will give a wonderful relief in the height of a pneumonia, as well as to calm the cough of the grippe when there is sleeplessness, the patient choked up with mucus, he is dyspnoic and restless, with the characteristic dry and burning skin.

Antimonium crudum, with its characteristic feeling of nausea, illness and lack of appetite, acts well in a low potency in gastric catarrh with a very white coating of the tongue.

Sulphur auratum antimonii is only excellent in catarrhal affections if it be given in those attenuations in which we usually prescribe phosphorus and bryonia.

Hydrargyrum et stibium sulphuratum or æthiops antimonialis, an unproved antimonial, is frequently a very serviceable remedy in the first, second or third decimal trituration in the pernicious forms of scrofulous ophthalmia, where it will be seen to distance all competing remedies.—*Zeitschrift des Berliner Vereines Homöopathischer Ärzte*, Bd. XIV., Hft. II., 1895.

KALI IODATUM IN SYPHILITIC LARYNGITIS.—Dr. H. Goullon recently cured a female who suffered from a total loss of voice in consequence of a syphilitic laryngitis with kali iodatum 2x. In five days she was able to speak.—*Ibidem*.

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THE DECLINE OF TUBERCULAR CONSUMPTION IN PHILADELPHIA.

BY PEMBERTON DUDLEY, M.D., PHILADELPHIA, PA.

(Read before the Homœopathic Medical Society of the State of Pennsylvania.)

THE writer has recently received a pamphlet containing a summary of the vital statistics of the New England States for the year 1892, compiled under the direction of secretaries of the State boards of health of Maine, New Hampshire, Vermont, Massachusetts, Rhode Island and Connecticut.

In reference to pulmonary consumption the pamphlet contains the announcement that the mortality-rate was lowest in Connecticut and highest in Massachusetts, the number to each 10,000 of population being 18.2 and 24.3 respectively, and the average for the entire region 21.8; and then follows the interesting statement that "in those States which have had registration for several years the mortality from this cause (consumption) is found to be steadily diminishing."

That there has been for some years a quite continuous diminution of the mortality-rate from consumption in the city of Philadelphia is shown by the published records, and was already known to the writer of this paper. But the fact of the diminution was by him presumed to be largely due to local

causes, as it doubtless is. Yet, when we read that a similar decrease has been noted throughout all the New England States which have had registration for several years—that is, all of them except the single State of Maine—it furnishes some ground for the inference that it is due to causes operating generally, as well as locally, and, at any rate, it becomes an object of much interest to ascertain just what these causes may be and how we may best promote their more vigorous operation.

The deaths from consumption of the lungs in the city of Philadelphia for the fourteen years last past were as follows :

1881,	2768	1888,	2697
1882,	2509	1889,	2532
1883,	2798	1890,	2760
1884,	2801	1891,	2624
1885,	2821	1892,	2709
1886,	2834	1893,	2671
1887,	2800	1894,	2513

In brief, it is observed that the number of deaths for the first seven years averaged 2804 per annum, and that the number did not vary from this average more than 36 in any single year. In the last seven years the average was 2644 per annum, a falling off of 160, and at no time during the latter period did the total come within 44 of the general average of the former period.

These figures show that there has been an absolute diminution in the aggregate of deaths from consumption during the past fourteen years. But this is not the most significant part of the statement. In order to appreciate the change that has occurred in that vast city, we must not omit to take into account the enormous increase in population.

According to the United States census, Philadelphia contained in 1880 a population in round figures of 847,000 and in 1890, 1,047,000, an increase of just 20,000 per annum. This would give us as the population at the beginning of our period, 867,000. During the latter portion of the period the increase has been still more rapid, and the city Board of Health estimates the population in 1894 at 1,140,000, a total increase since 1881 of 293,000, or nearly 34.6 per cent. From these figures let us compute the diminution as it actually occurred, taking the estimated population as the basis of our calculation,

and allowing for an increase of population amounting to 20,000 per annum from 1880 to 1890, and 23,000 per annum since 1890.

The following table shows the number of deaths from consumption to each 10,000 of the population for each of the fourteen years :

1881,	. . . .	31.93	1888,	. . . .	26.78
1882,	. . . .	31.67	1889,	. . . .	24.66
1883,	. . . .	30.84	1890,	. . . .	26.36
1884,	. . . .	30.21	1891,	. . . .	24.52
1885,	. . . .	29.79	1892,	. . . .	24.60
1886,	. . . .	29.30	1893,	. . . .	23.93
1887,	. . . .	28.36	1894,	. . . .	22.04

Thus, in each year, we see a diminution, except in 1890 and 1892. The increase in 1890 is doubtless due to the severe and widespread prevalence of la grippe in 1889 and 1890 ; the increase in 1892 is so slight as to be insignificant. The total diminution, from 31.93 down to 22.04, is equal to nearly 31 per cent., a most remarkable and gratifying change.

What are the causes of this decrease in the mortality from consumption? Undoubtedly they are numerous and various. During the period above mentioned several prominent influences have been at work, any one of which might have operated in favorable ways. I will mention a few of these.

First, we all know that during this period there has been a marked change in public sentiment respecting the necessity and value of public and private sanitation. The need of cleanliness, personal, domestic and municipal, as an essential to health, has come to be quite generally recognized and acted upon. Second, our physicians—and measurably our people—are beginning to accept the doctrine of the contagiousness of tubercular phthisis and to take measures to prevent infection. Third, there has been in Philadelphia within the past fourteen years a tremendous change in the condition of its streets, lanes and alleys. A general system of underground drainage has taken the place of the old “surface” system, which, only a few years ago, made all its gutters and pavements a nuisance and a peril to the pedestrian. We all are aware of the relation between the excess of soil moisture and the prevalence of pulmonary consumption, as demonstrated years ago in England

and Massachusetts and more recently in Pennsylvania. And this soil-moisture in the city of Philadelphia has been largely remedied by her improved sewerage system and, quite recently, by the introduction of impervious asphalt paving in hundreds of miles of her principal streets and in a large proportion of her narrower lanes and alleys. We shall be justified in looking for a further diminution of consumption in the next few years. May it be as marked as in the past.

NOTES ON VAGINAL HYSTERECTOMY.

BY J. H. MCCLELLAND, M.D., PITTSBURGH, PA.

(Read before the Homœopathic Medical Society of the State of Pennsylvania.)

ALTHOUGH much has been said and written about this operation during the last five years, it is not to be supposed that it has yet reached perfection, or that its range of applicability has found its limit. My own experience in the operation covers a period or some five or six years, and many changes have transpired as to manner and methods in that time. The rather discouraging results obtained by the elder Langenbeck, and others of his period, can in no wise be taken into account at this time. Even the improved methods and better results of Freund are somewhat out of date.

The operation as made by Martin (by no means all his own), and which I have many times witnessed, probably represents the greatest advance of later years, and has been most extensively practiced; the Belgian operation, as done by Jacobs, probably follows a close second. I have had opportunity to closely observe most of the leading German and French operators, and while there are certain individual differences, the general make-up of the operation is the same. This does not, in the nature of things, apply to the very successful work of Péan by morcellation. Although I have seen others do the Péan operation, I am free to admit that he does his own in his own peculiar way.

The most marked innovation in the recent operation is that of Pratt, of Chicago. It is, without doubt, a meritorious ope-

ration applicable to many cases, but should in no wise, as pointed out by Wood, of Cleveland, be regarded as a minor operation. An impression such as this will undoubtedly work much injury. While Pratt has opened the eyes of the profession to the fact that the uterus may be removed with much less disturbance to the vascular system than was at first supposed possible, still its range of applicability must necessarily be limited to non-malignant cases.

The purpose of this paper is chiefly to call attention to a little variation in the operation which I have adopted. It is made up of certain features of many others, notably, the Martin and Pratt operations. As a matter of fact, there should be no hard and fast rules in the technique of any operation. The requirements of practice make it necessary that there should be an elasticity of method. Different conditions require different modes of procedure, which can only be determined at the moment.

While, therefore, I am in favor of having well in mind the fixed methods of different operators, still, my advice is that the operation should, in every instance, be adapted to the case.

In four cases upon which I have operated the last few weeks, I adopted, substantially, the following method, and I do not propose entering into the technique in detail, as recent text-books, notably, that of J. C. Wood, M.D., of Cleveland, are very exact in this particular.

The first stage of the operation is along the lines laid down by Pratt; that is to say, the cervix is circumscribed by incision, and enucleation is practiced until the broad ligaments are reached, and the abdominal cavity is entered posteriorly and anteriorly. I now pass a ligature of catgut through the broad ligament on each side, and separate the uterus for some distance. This gives me entire command of the tissues. Two or three successive ligatures are introduced in this way, until the uterus is pretty well freed on each side. I now draw it down and deliver, bringing with it the tubes and ovaries on each side. I throw a ligature around the remaining portion of the broad ligaments, preliminary to the final separation of the uterus and ovaries, which is easily done with the scissors, bringing away uterus, ovaries, and tubes in one piece. This leaves one, also, in complete command of the stumps of the broad ligaments.

Having previously attached the peritoneal and vaginal edges by interrupted sutures anteriorly and posteriorly, I now bring the stumps into the vaginal wound and sew them fast, leaving all the ligatures projecting into the vagina, and a small opening only into the peritoneal cavity. I place a small pledget of iodoform gauze in this peritoneal opening, and then pack the vagina with larger masses of the same. The operation is now complete.

The effect of this plan is simply this: The vagina is drawn well up into the pelvis; any oozing that takes place must necessarily be into the vagina, and controllable; the peritoneal cavity is clean and perfectly lined, and the stumps of the broad ligaments firmly attached to the wound at the top of the vagina form a hammock which is a very firm support for the contents of the pelvis.

When the wound is entirely healed, and this follows promptly, the structures in the dome of the vagina have very much the feel of a cervix, and remain high up in the pelvis. There is no chance for prolapse of any kind.

My operations have been gradually taking this form for a year or more past, and have been to me much more satisfactory than methods previously employed.

GLAUCOMA.

BY W. H. BIGLER, M.D., PHILADELPHIA, PA.

(Read before the Homœopathic Medical Society of the State of Pennsylvania.)

It is not my intention here to go into any lengthy discussion of glaucoma and its symptoms, but only to suggest a new point of view as to its origin, and therewith also a method of treatment not purely mechanical, as is that almost exclusively used at present.

The theories as to the origin of glaucoma are very numerous and varied, and have been very concisely and clearly summarized by Norris, in his late text-book, as follows:

First, those theories which see in glaucoma evidence of primary nerve-disturbance, leading to increased intraocular secre-

tion, which, in a certain number of cases, is followed by inflammatory symptoms.

Second, those theories in which the condition is looked upon as a mechanical result, consisting in an interference with the normal egress of fluids from the eye, either by a narrowing of the spaces of Fontana, which prevents proper drainage at the periphery of the anterior chamber, or by a diminution of the lymph- and blood-exits, where the vorticosse veins perforate the sclerotic (thus regarding all inflammatory symptoms as secondary to such interference with the circulation).

Third, those theories which regard the process as a low-grade serous choroiditis, in which stoppage of the spaces of Fontana or of the vorticosse veins, with their surrounding lymph-channels, is looked upon as an accident that occurs as a sequence of the primary choroidal inflammation.

Now, in all these theories the question as to the cause of the occurrence of the original symptoms is not answered.

In the first class there must be a cause of the primary nerve disturbance; in the second there must be a cause for the primary interference with the circulation; in the third, again, the low-grade serous choroiditis must have its cause in something farther back. We will not enter into any consideration of the immediate causation of the most prominent symptoms of glaucoma, viz., the increased intraocular tension and the excavation of the optic disc. If these alone are to be treated, artificial drainage by a sclerotomy or by an iridectomy will be the legitimate method.

We would wish to suggest a *causa causarum*. Whether treatment directed against this will prove as successful as that hitherto in vogue, time and observation alone can demonstrate.

The statistics of Horner's clinic in Zurich, as reproduced in Norris's work, are as follows, as the result of iridectomy:

Improvement in vision, 22.3 per cent.

Vision remained same, 37 per cent.

Vision less, but fair, 23.3 per cent.

Marked decline in vision, 13.6 per cent.

Absolute loss of vision, 3.8 per cent.

These in simple glaucoma; in inflammatory glaucoma the figures are as follows:

Improvement in vision, 72.5 per cent.

Vision remained same, 11.5 per cent.

Vision less, but fair, 10.1 per cent.

Marked decline in vision, 4.08 per cent.

Subsequent decline in visual acuity, 2.02 per cent.

We have been able to trace in every case of glaucoma that has come under our personal observation distinct evidences of a rheumatic or arthritic constitution, and to that we would be willing to ascribe the origin of the majority of cases of primary glaucoma, and treatment directed to that will in the beginning, we think, in the prodromal stage, be equally as successful as the instillation of eserine and more lasting in its effects.

In simple glaucoma, where the results of iridectomy are none too brilliant, we would not hesitate to rely upon internal medication; while in inflammatory glaucoma we would still depend mainly upon surgical measures, although where this was impossible, we would use medicines with some degree of confidence.

Very many of the symptoms would seem to point to the rheumatic character of the disease, and, therefore, many of the remedies credited with cures belong to the class most frequently employed in rheumatic complaints, *e.g.*, bry., rhod., spigel, rhus, cedron, aurum, etc.

We have in several cases employed rhus and gels., with the effect of causing a threatened attack to subside and for a long time to prevent a recurrence. For the attacks of pain, generally so excruciating, in, but principally around, the eye and down the side of the nose, powders containing 2 to 3 grains of phenacetine, taken not oftener than every three hours, have worked "like a charm."

This paper is intended only to be suggestive, and to help rescue for medicine another disease from the realm of pure surgery.

OCCLUSION OF THE BLOODVESSELS IN THE GRIPPE.—Dr. J. B. Cathomas, from a study of the literature and of several cases of occlusion of the bloodvessels during the grippe, comes to the following conclusions:

1. Amongst other complications of the grippe, as in other infectious diseases, obstruction of the bloodvessels has been observed.

2. This may be either a thrombosis or an embolism of a vein or an artery.

3. Arterio-thrombosis, though a rare complication of influenza, may begin suddenly as an embolism, and pursue the same clinical course.

4. It is frequently quite difficult to make a differential diagnosis.—*Muenchener Medicinische Wochenschrift*, No. 27, 1895.

OPTIMISM VERSUS PESSIMISM IN THE EVOLUTION OF OUR MATERIA MEDICA.

BY ROLAND T. WHITE, M.D., PITTSBURGH, PA.

(Read before the Homœopathic Medical Society of the State of Pennsylvania.)

THE world of traditional medicine which seemed, for centuries, to rest under the delusive shade of superstitious bigotry, legendary inertia and opinionated ignorance—blindly suspicious of even the shadow of truth when emanating from unexpected and unlooked-for sources, jealously guarding her feeble steps from the light and liberty of independent thought—has in the last few decades partaken of the spirit and enthusiasm animating this progressive age, awakening as if from a lethargic sleep; the accumulated energies from dormant centuries seem concentrated into years. We find her now reaching and grasping after, absorbing and assimilating all forms of knowledge, which may have an influence in her advancement, by the modifying or healing of disease.

Collateral sciences and arts all pay tribute to her genius and ambition, knowledge, fact, even speculation from remote sources, are appropriated to her demands, the needs and conditions, the result of an ever increasing complex civilization.

Tolle causam! the cry of the centuries, is knocking loudly for recognition; and the dynamic force of disease—essentially and primarily derangement of the vital force manifested through the nervous system—whose subtle contagions were a mystery and beyond comprehensive reason, are disgorging slowly their jealously guarded secrets under the searching definition of the microscopic lens. Biology has blossomed into tangible principles under its fostering care of original experiment, and her twin sister, physiology, follows closely in her footsteps.

Even surgery, with its unprecedented success and almost miraculous advancement, must acknowledge her achievements largely due to the thoughtful patience of the microscopist, and her laurels won through the energy and originality of the bacteriologist. Also to the same prolific source modern sanitary science is indebted for its present existence.

But in this day of ever increasing activity and ceaseless research, what has been the actual advancement in the treatment of disease? By the dominant school, *e.g.*, pharmaceutical chemistry is elaborate with new alkaloids and chemical productions, while from the laboratories of the bacteriologist come animal extracts, antitoxins, immunizing serums of various diseases, bacterial ferments, etc., in bewildering confusion, seeming to the uninitiated to have some relationship with the legendary superstitions of the ages, *i.e.*, when Cyrus, apparently reasoning from the same analogy, drank ducks' blood because he believed it immune from disease, on account of their filthy habits of acquiring food. Recalling also the reports of numerous experimenters down the ages, when such morbid products as diluted pus, virus and serums, obtained from various sources, were used in the treatment of the plague and different zymotic diseases.

Wherein has modern serum therapy justified its claims to the thoughtful observer? Scientific medicine with brilliant discoveries, lauded progress, versatility, erudition and intelligent investigation; but what of its boasted rational therapeutics? do they merit the front rank in the march of progress, leaders of the van? Modern text-books of practice are unwittingly rich in the teachings of the homœopathic law; and the tried remedies, verified and substantiated by well authenticated clinical experience, have for their origin the law of similars.

The most astute observers are already realizing the unreliability and dangers of serum therapy, lifting up their voices in a cry for more rational therapeutics, and a more accurate study of the action and curative effects of drugs.

Our materia medica is pregnant with drug symptoms, voluminous repertories, new phases and pictures of drug action, constantly accruing to the general fund by clinical verification, etc., the latter stamped usually with the personality of the observer, thus increasing its prolixity.

Why do we occasionally grumble and complain of failure after securing carefully selected similimum? We hear so much and read more about the reformation of our materia medica, condensing, improving, simplifying, prescribing. Are our needs greater, our expectations more exacting, or are we deteriorating in those powers of accurate observation and that seeming intui-

tive perception which made those pioneer giants of homœopathy stand distinctive and alone in the art of healing the sick?

Has the multiplication of diseases by more accurate methods of diagnosis, and ever increasing rationale of our opponents, perplexed and confused the tried experience of a century? Most emphatically, no! Similia, the same yesterday, to-day and forever—thanks to its origin, emanating from the fountain head of knowledge, nature's storehouse, created to comfort and soothe man from the expressive results of original sin—can only crystallize and ripen into richer blessings with the march of time and progress.

Science will make new discoveries; invent improved, more accurate, methods of diagnosis; the pathology and ætiology of disease will be analyzed and more perfectly understood. The ills of the flesh will largely be eliminated in prevention by the instruction of the masses in the fundamental principles of good and evil, and the philosophy of their far-reaching results. Then, since disease, the offspring of vice, is self-limiting through the process of reproductive decay, only the healthy and perfect will remain to replace the diseased and vicious; but as long as drugs are used to resist disease, homœopathy will reign supreme, and increasing knowledge will only verify its precepts.

Its effectiveness and usefulness must ever be strengthened by a thorough understanding and mastery of its truths, developing its capacities by co-ordinate inquiry after the hidden virtues of drugs by constant proving and experiment.

It occurs to me that the pathology of drug-proving forms a valuable point in our armamentarium, the tried polychrest remedies afford an invaluable fund of drug pathology, a rich storehouse of clinical verification and provings gleaned from remote sources, representing a century of homœopathy; but how many we find imperfectly known, or even not at all—only a few clinical facts gathered here and there, a few subjective symptoms comprising the *summa summarum*.

Every thoughtful practitioner must frequently feel the need of a more thorough and accurate knowledge of hundreds of obscure remedies which would form a valuable reinforcement to our drug pathogenesis.

Clinical verification of drug pathology gives a rich fund of

fact, but it is so tediously operative, and post-mortem deductions rarely a factor, that it frequently seems only instructive to the individual observer.

The proving of drugs by carefully-selected healthy human subjects forms the principle to which the law of similars owes its existence and development; *i.e.*, the dynamic energy of a drug, exerted potentially upon the dynamic impulse, controlling the molecular aggregation of organized matter. Upon this rock of truth the whole superstructure of the *Organon* and *materia medica* was evolved.

The patient perseverance and keen intuition necessary to wrest from inert nature such a stupendous amount of knowledge as is represented in the hundred or more drug provings, by our immortal Hahnemann, will be ever recognized as one of the marvellous achievements of genius. And how thoroughly and perfectly this work was accomplished can, in a measure, be realized when we reflect how little has been added and what few alterations made in nearly a century of investigation and practice by thousands of enthusiastic followers. There are many and complex difficulties to be overcome before arriving at a truthful picture of a drug proving, chief of which are: 1st. Barring the idiosyncrasies of the subject—imagination and psychical suggestion; 2d. The lack of desire or opportunity to push the drug to a sufficient toxic action; 3d. Abortion of accurate pathological examination through consideration for the person of the prover.

In these days of active experiment, when each disease must be analyzed for its particular micro-organism or bacterium, and the lower animals sacrificed to science for the sins of the flesh, scapegoat and martyr to original investigation, why should they not serve a still higher purpose to humanity, in giving up their existence by systematic, carefully and skilfully carried out drug proving, to reinforce, verify, fortify and enrich drug pathology?

I shall not here attempt detailed suggestions which have occurred to my mind, as to manner and method of investigation in carrying out such experiments and observations; experience and necessities would discover quickly the most accurate means of discerning and developing the work to a fruitful return.

Were the same patient, persevering, intelligent energy directed toward the hidden processes of dynamics and its relation to pathology as are now being exercised in the cultivation and development of the germ theories of diseases, what a substantial harvest of valuable fact would crown the labor, enriching and confirming known truths, verifying, reinforcing and contributing invaluable aid to the observer of comparative provings upon healthy human subjects, thereby producing and perfecting accurate drug pathogenesis.

To establish the law of similars before the world by proven fact to be unquestionably a scientific truth worthy of investigation and earnest study, capable of passing the crucial test of experience and the scrutinizing analysis of time, the efforts of all worthy physicians practicing homœopathy should be directed.

Withal, the age is ripe, and the future of homœopathy never was brighter or more promising; her position is assured, and the hearts of the people yearn toward her with gratitude and kindly feeling all over the land.

She is intimately associated with the development and happiness of the race, holding the keys which will unlock the doors from degeneration to the regeneration of mankind, to make possible the highest development and usefulness of unborn multitudes, by emancipation from the ills of heredity.

What grand possibilities are before her, science and art vying with each other in creating and perfecting the exposition and interpretation of the law of *similia similibus curantur*, not jangling over potency and dabbling in uncertain hypotheses, but proving physiologically, pathologically and scientifically the law—jealousy and turmoil of school vanishing under universal recognition of truth—homœopathy leading mankind with a golden cord to the millennium of sound minds and healthy bodies—marching ever onward to victory and honor, though the past is filled with brilliant conquest, the horizon crimson with the glory of her virtue and independence, the noon-day radiance of her success is still before her and the star of her destiny in the ascendant.

May the dawning of her centennial find her vigilant, active, reliant, standing before the world with Cæsar's expressive utterance, "Veni, vidi, vici."

CLIMATE AS A THERAPEUTIC AGENT IN PULMONARY PHTHISIS.

BY W. H. PHILLIPS, M.D., THOMASVILLE, GA.

IN presenting this article I do not wish to deal with the theory of phthisis, but simply to present a few remarks on its climatic treatment.

Is phthisis amenable to climatic influences? Yes. When? In the early stages, before cavities have formed. What kind of climate best suits these individuals? A climate that combines equability of temperature, dryness of atmosphere, and pure air.

In a short time you will be asked by patients where they should spend the winter, or, you may be advising some locality. In all cases you should individualize, and select a place that meets the needs of the patient. Don't say, "Well, you had better go South, to escape our severe northern winter," and allow the patient his own will. Some entertaining real estate representative, or his advertising matter, may induce the patient to choose a locality not at all suited to his case.

Some do best in a moist, warm air, others do better in a cool, dry atmosphere; but, as a general rule, experience shows that a majority of these cases do better in a region lying between a cold and warm climate, having favorable elements aside from temperature.

Climate does not exert a specific influence in arresting the disease; but, there are certain localities, the climate and surroundings of which do have a more favorable result in staying the progress of the disease than others.

The pine regions of southern Georgia have, of late years, received considerable attention, because of the results obtained on persons suffering from phthisis and catarrhal affections of the respiratory passages.

"The benefit phthisical patients derive from living near pine forests has long been known. Turpentine exhaled from the pine forests converts oxygen into ozone, and thus the air becomes pure. It is not the ozone but the purity of the air it

THOMASVILLE, GEORGIA.—LATITUDE, 30° 50'; ALTITUDE, 333 FEET.

	Jan.	Feb.	March.	April.	May.	June.	July.	August.	Sept.	Oct.	Nov.	Dec.
Mean temperature.....	52.1	56.6	61.5	67.7	74.3	79.6	82.3	79.5	76.3	69.1	58.5	52.7
Highest temperature.....	78.	82.	88.	91.	94.	100.	101.	96.	94.	94.	84.	79.
Lowest temperature.....	14.	28.	32.	36.	54.	63.	66.	33.	53.	37.	26.	10.
Absolute range.....	64.	54.	56.	55.	40.	37.	35.	33.	41.	57.	58.	69.
Mean relative humidity.....	63.7	62.8	62.2	62.3	62.7	64.7	66.	69.9	67.7	68.2	66.6	64.7
Average rainfall in inches.....	3.4	3.3	3.9	5.2	3.7	4.3	4.6	7.2	3.8	5.1	2.6	3.8
Average velocity of wind in miles per hour.....	5.	5.	9.	8.	4.	3.	3.	5.	6.	7.	8.	7.
Prevailing direction of wind.....	S.N.W.	S.N.W.	S.	S.	S.	S.	S.	S.S.E.	S.	S.	S.S.W.	S.
Average number of fair and clear days.....	23.	22.	24.	21.	24.	21.	20.	19.	22.	24.	24.	24.

SAN DIEGO, CALIFORNIA.—LATITUDE, 32° 43'; ALTITUDE, 93 FEET.

	Jan.	Feb.	March.	April.	May.	June.	July.	August.	Sept.	Oct.	Nov.	Dec.
Mean temperature.....	53.4	54.9	56.5	59.1	61.8	65.1	68.	69.8	67.8	63.4	59.	56.
Highest temperature.....	78.	85.	99.	93.	94.	95.	88.	92.	101.	92.	91.	82.
Lowest temperature.....	32.	34.	38.	39.	45.	50.	54.	54.	50.	44.	38.	32.
Absolute range.....	46.	51.	61.	54.	49.	45.	34.	38.	51.	48.	53.	50.
Mean relative humidity.....	71.4	74.4	76.	73.9	74.4	75.5	77.2	77.8	78.2	74.4	69.7	70.2
Average rainfall in inches.....	1.6	2.1	1.	1.	.3	.1	.1	.1	.1	.3	1.	2.1
Average velocity of wind in miles per hour.....	5.	6.	6.	6.5	6.4	6.3	6.	5.8	5.7	5.2	4.9	4.9
Prevailing direction of wind.....	N.E.	N.W.	W.	W.	W.	W.	W.	W.	N.W.	N.W.	N.W.	N.E.
Average number of fair and clear days.....	24.	21.	22.	22.	20.	22.	25.	27.	26.	26.	24.	24.

induces that renders the atmosphere of certain localities so beneficial."—Loomis.

The location of Thomasville makes it especially advantageous to the class of patients above mentioned. It is situated in southern Georgia, 260 miles from the Atlantic coast and 50 miles from the Gulf coast. It is the highest elevation of land in that section of the State between Savannah and New Orleans, thus insuring a good natural drainage. The soil is sandy and porous and well adapted to dryness. Within a few hours after a severe rain, one may go out without getting damp feet. There is a mild and equable temperature during the day, ranging from 40 to 65 degrees, with cool nights, together with a period of 25 to 30 days without rain, balmy breezes from the south and Italian skies making a combination in which the most delicate of invalids can practically live out of doors. During any time of the winter months one is able to gather quantities of roses and violets. It seems to be the home of the former.

By examination of the chart you will see that it has much the same climate as southern California; in fact, I have been told by a number of patients who have spent the winter months in both places that Thomasville has almost the same winter climate as San Diego.

There is every inducement to encourage the patient to live an out-of-door life. There are a number of parks among the pines which are sufficiently thinned out to admit the sunlight. Here the patient may rest and enjoy the warm southern breezes filled with the odor of the pines; for Thomasville is surrounded for miles with pine forest.

Perhaps the best natural roads of the south are to be found here. The avenues radiate from the city like the spokes from a wheel, and are about as numerous. Crossroads intersect the avenues, notably the Boulevard, fourteen miles in length, which encircles the entire city at a distance of about two miles. The absence of stones, and even pebbles, from the level, smooth roadways invite riding, driving and bicycling through the groves and pine.

A gentleman who has traveled the world over in search of a winter home and who has spent a number of winters in Thomasville has this to say of the place: "I do not hesitate

to say that Thomasville in many respects is the most delightful winter place I have ever visited. The drives, the superb hotels, the balmy air, the cordiality and hospitality of its citizens all combined makes Thomasville one of the most charming resorts."

THREE MONTHS' WORK IN SURGERY.

BY JAMES H. THOMSON, M.D., PITTSBURGH, PA.

(Read before the Homœopathic Medical Society of the State of Pennsylvania.)

THE cases operated upon and treated surgically during the months of June, July and August, 1895, are eighty-three in number.

They include both the major and minor operation, and are classed as gynæcological, abdominal and general surgical, all of which I respectfully submit for your consideration. Following I give a complete list, with diagnosis, and the different methods of operating:

Double ovariectomy, for diseased ovaries; cystitic degeneration,	2
Vaginal hysterectomy, for carcinoma of the cervix,	2
Vaginal hysterectomy, for intra-mural multiple myomata, . .	1
Martin's method.	
Amputation of cervix, for elongation and sub-involution, . .	6
Sims' and Hager's method, 3; Martin's method, 3.	
Kolpoperineorrhaphy, for lacerated perinæum and rectocele, . .	7
Sims' and Hager's method, 3; Martin's method, 3; Tates' new method, 1.	
Splitting the uterus, for the removal of a sub-mucoid myoma, . .	1
Martin's method.	
Curetted,	9
Specific chronic endometritis, 1; chronic non-specific endometritis, 3; acute endometritis following miscarriage, 5.	
Anterior vaginal fixation, for retroversion,	1
Macaroteli's method.	
Anterior colporrhaphy, for vesicocele,	1
Lumpe's method.	
Removal of appendix vermiformis, for chronic appendicitis, . .	1
Ulman's method.	
American operation, removing the pile-bearing inch, for prolapsus of the rectum and hæmorrhoids,	1
Pratt's method.	
Clamp operation, for removal of hæmorrhoids,	3
Radical cure for hydrocele,	3
Albert's method.	

Suprapubic lithotomy, for stone in bladder,	2
Plastic operation on the penis, for fistula of uretha,	1
Phimosis, for contracted and elongated prepuce,	4
Tenotomy, for talipes equinus; severing tendo-achilles,	1
Carbuncles,	4
Wens,	2
Paracentesis abdominalis, for ascites,	2
Pharyngeal abscess,	3
Fracture of leg, lower third,	2
Fracture of nose,	1
Mastoid abscess,	1
Amputation of vulva,	1
Chronic varicose ulcer of leg,	3
Synovitis of the knee,	2
Lacerated wound of scalp,	2
Abscess in abdominal walls,	2
Diffused periostitis of hand,	2
Lacerated ligaments of ankle,	2
Lacerated ligaments of knee,	1
Divulging of sphincter ani, for fissure and irritable sphincter,	3
Dilatation of the cervix uteri for stenosis, causing dysmenorrhœa,	4

CASE I.—Mrs. B., æt. 54, American by birth. Is a widow, having four living children, and having had two miscarriages. Her menses ceased ten years ago. She inherits the cancerous diathesis, her mother having died of cancer of the uterus. She dates her illness from an injury which occurred two years ago. While getting off an electric car she was thrown against the curbstone, receiving several severe bruises, and at the time felt something give way within the lower abdomen, bringing on a slight menstrual flow. She has had more or less constant discharge from the uterus and the vagina, which was very offensive and corrosive in character, and experienced a severe burning pain in the region of the internal genital organs. Since the menses ceased she has never had any hæmorrhage until the time of the accident.

Before entering the hospital for the operation she had been under the treatment of various physicians for uterine catarrh and ulceration. Local examination with the speculum by my friend and her attending physician, Dr. R. V. Pitcairn, of Allegheny, with whom I saw the patient in consultation for the first time, revealed a state of high inflammation of the vaginal portion of the cervix. The posterior lip of the os uteri was the seat of a ragged looking and very vascular ulceration; the anterior lip was knotty, swollen and irregular. The vagina

was very narrow and exceedingly sensitive, and the posterior wall much indurated down to the vulva.

Patient entered hospital June 8, 1895. Under an anæsthetic proceeded to remove the uterus and appendages by Martin's method, which consists in ligating the vaginal walls and uterine arteries with catgut ligatures. The uterus being prolapsed by traction with Pean's tenaculum forceps, an opening was made through the fold of Douglass, and with a continuous chain-like suture a complete circle of the uterus was made. This being completed, the fundus uteri was caught with an extracting forceps and made to so revolve about its transverse axis that the Fallopian tubes and ovaries were brought low down in the pelvic excavation in such a manner that the base of the tubes and accompanying arteries became accessible, and were easily ligated. The detachment of the organ from the bladder was successfully accomplished without opening the viscus.

The organ being removed, the pelvic excavation was rinsed out with 10 per cent. boracic acid solution. The smaller arteries were secured by ligature or by torsion, and the loops and ligatures were brought down into the vagina, the peritonæum being closed by a continuous catgut ligature, and the vagina filled with a large tampon of iodoform gauze, which was kept in place for twenty-four to thirty-six hours.

The operation is wholly vaginal, and has thus recently been devised and practiced by Prof. A. H. Martin, of Berlin. Under this method of treatment convalescence proceeded uninterruptedly to a complete recovery.

CASE II.—This, my second enucleation of the uterus per vaginam, differs from the first in this, that here the vaginal walls were not involved, and afterwards no attempt was made to close the breach left in the peritonæum.

July 30, 1895, Mrs. R., æt. 43, married, and has had four children, all living. Has been in ill health ever since the birth of her last child, six years ago. At times the abdomen was very sensitive, and after several attacks of colicky pain in the uterine region she passed a large quantity of dark blood, mixed with pus, from the vagina. Sometimes these symptoms almost entirely disappeared. On examination per vaginam, I discovered a carcinomatous ulceration of the anterior lip of the cervix.

The uterus and appendages were entirely removed by the vagina. She sat up the tenth day. Recovery uneventful.

The first extirpation of the carcinomatous uterus was made by Andres A. Cruce in 1650.

From the results obtained I think it will be allowed that enucleation per vaginam is at least equal to or perhaps more advantageous than scooping out or suprapubic ablation in the treatment of uterine epithelioma.

The shock to the general system in the abdominal section is much greater than where removal is effected per vaginam.

CASE III.—August 3, 1895, æt. 35, single. The tumor made its appearance six months before operating. Examination revealed a large subserous myoma weighing four pounds, which I removed with appendages per vaginam. Patient recovered nicely, without any untoward symptoms. This case presented nothing unusual.

CASE IV.—Miss E., æt. 34. Has been a great sufferer for the last ten years from intra-pelvic and abdominal troubles, which were treated for all manner of complaints. This is the subject in which I performed the double ovariectomy, removing both ovaries, one of which was in a very bad condition. There was cystic degeneration with indurated tubes, with left ovary prolapsed and adherent. Proceeded nicely with the operation until I was about to close its external wound, when a large body, similar to a body of erectile tissue, presented itself through the abdominal wound, and on close examination I found it to be an enormous appendix, which I proceeded to remove by the method of Ulman, of Vienna.

This consists in ligating and fastening the omentum and peritonæum close down to the gut, ligating the stump and removing the entire mass, gathering the peritonæum and omentum and stitching them over the stump with a Lambert suture, making the surface perfectly smooth, and dropping it back into the abdomen.

On opening up the specimen I found it to contain a lump of hard fecal matter and pus, with a low grade of inflammation and marked induration. She convalesced nicely and went on to a complete recovery, barring frequent attacks of gastralgia and intercostal neuralgia. She sat up on the fourteenth day.

The suprapubic cases were uncomplicated, and there was nothing new or worthy of mention more than that in both cases the bladder healed by first intention after being closed with a continuous and Lambert suture.

Case I. was a gentleman æt. 67; sat up on the seventh day, and discharged cured at the end of the second week. Case II., a child æt. 18 months, recovered in a fortnight without a single bad symptom.

The case of double ovariectomy proved to be uncomplicated, more than that in the second case, in which the large appendix was discovered and removed, which I have mentioned under the head of removal of the appendix. Both cases sat up on the fifteenth day, and recovery was uneventful.

CASE V.—Mrs. W., æt. 38, married; two children, one living and one dead. She has been troubled with hæmorrhoids and constipation from childhood, but greatly aggravated at pregnancy, so much so that she was obliged to keep to her bed as long as two to three weeks at a time. Operated June 15, 1895. Removed the pile-bearing two inches, as was found necessary in her case. The usual method, as practiced by Prof. Pratt, of Chicago, was adopted: dissecting up two inches of the mucous membrane of the rectum; beginning at the border of the mucous line and the integument, not interfering with the deep structures and sphincter. On completing my dissection, with a sharp curette I removed all the diseased connective tissue down to the sphincter. The mucous flap now being removed by a circular incision, and then drawing down the amputated gut and uniting it to the integumental wound with interrupted catgut suture and anchor stitches.

Permit me to state that the anchor stitch is one devised by Prof. T. C. Martin, of Cleveland, and described in full in the *Medical Century*.

Getting union by first intention, I permitted the patient to sit up on the seventh day. She made a full recovery in a fortnight, with full control of the sphincters from the beginning of her convalescence. To-day she tells me she has been relieved of all her trouble, and is now a happy woman. She also stated that since recovery from the operation the relief experienced during a movement of the bowels is something beyond description, as she never knew from childhood what it was to have a natural movement, always being obliged to resort to cathartics or enema.

CASE VI.—Mrs. T., æt. 31, married, no children. Suffered for the last five years with retroversion of the uterus. She has

been under treatment for the last two years, and has failed to find any relief whatever. I advised the operation of an anterior vaginal fixation, to which she readily consented. Operation, June 10, 1895. The operation, devised and practiced by Macorotei, consists in making a transverse incision across the neck of the cervix anteriorly, and from this point carrying a second incision at right angles with the first to a point underneath the meatus urinarius, making a T-shaped incision. Dissect up both flaps of the vaginal wall, in the meantime crowding the bladder up; open through the peritonæum, exposing the anterior surface of the uterus. With a tenaculum, carry it up into the opening and close against the anterior vaginal wall. Pass heavy catgut sutures, four to five in number, through the border of the vaginal flaps and into the body of the uterus, closing the vaginal wound with the uterus firmly against its wall.

This patient was discharged cured at the end of two weeks. Now, three months since the operation, the uterus remains in place. She is relieved of all suffering.

I am happy to say that the eighty-three cases operated upon and treated surgically recovered uneventfully and without a single death.

THE CHLOROFORM AND OXYGEN COMBINATION AS AN ANÆSTHETIC.

BY H. L. NORTHROP, M.D., PHILADELPHIA, PA.

(Read before the Homœopathic Medical Society of the State of Pennsylvania.)

It gives me pleasure to make known the favor with which chloroform and oxygen, as an anæsthetic, has been received, to lay down a few explicit rules for its administration and to now describe a new apparatus.

I wish to publicly thank Dr. J. H. McClelland, of Pittsburg, for the unreserved and valuable endorsement he has given this anæsthetic.

This article is prompted by a feeling of its necessity at the present time, in view of the fact that frequent inquiries are made of me in regard to "C. & O.," while many physicians and hospital and sanitarium surgeons have expressed a desire to purchase apparatus with which it can be used. Such appa-

ratus can now be bought of Chas. Lentz & Sons, 18 North Eleventh Street, Philadelphia, which has received my final approval. It is designed to be portable. At the same time its construction is that best adapted for office or hospital use.

A nicely polished wooden box, 18 inches long, 7 inches wide, 7 inches deep, contains a steel cylinder holding 40 gallons of pure oxygen, a graduated 2-ounce bottle, the requisite length of rubber tubing and the inhaler. The latter has an inflatable face-shield attached to a metallic hood, with which is also connected a rubber respiratory bag. This, with the small wheel to be attached to the cylinder, the perforated rubber cork and nickel-plated brass tubes, is all the apparatus necessary for the proper administration of chloroform and oxygen. One may (and should) also keep in his C. & O. box one (or two) quarter-pound cans of ether, a folding Allis ether inhaler, a hypodermic syringe, proper stimulants, a pair of vulsella forceps and an infusion apparatus. A mouth-gag will be added to the above list by those who desire it. The apparatus weighs $19\frac{3}{4}$ pounds.

In order to use the apparatus put 2 ounces of pure chloroform into the bottle, attach the tubes to the cylinder and perforated cork, and place the bottle in the corner near the open end of the box, passing the tube leading to the inhaler through this opening. Pull out the cylinder until it touches the bottle and fix it in position by tightening the screw in the top of the iron ring supporting the cylinder. Put the wheel on the cylinder valve, close and fasten the lid of the box and the apparatus is ready.

It is my custom to place the box on the left side of the patient, upon the bed or operating-table, or upon a high stool or small table, if its position beside the patient would interfere with the operation.

In administering the anæsthetic turn the wheel *carefully* until a gentle but continuous current of oxygen bubbles up through the chloroform and apply the mask directly to the patient's face, *making it fit tightly*. The oxygenated chloroform vapor at this stage is not (should not be) concentrated enough to disturb the equilibrium of the patient's respirations. All anæsthetists know that the deeper and fuller the subject breathes the more easily and rapidly will a state of narcosis be produced. The same holds good when employing chloroform and oxygen. As

the patient approaches the unconscious state turn on a slightly stronger current of oxygen, and if the stage of rigidity ensues (it is very frequently absent) a still stronger current should be used.

It is sometimes possible to begin anæsthesia with a moderately strong current, to continue the same until complete relaxation is produced, and this without causing a ripple of disturbance in the patient's respiratory or cardiac functions. Several times it has been my surprise (and pleasure) to find my patient completely relaxed and ready for operation, while I was waiting for a stage of rigidity.

I have found that complete relaxation and puffing breathing, which are characteristic of deep anæsthesia, prevail at first, even though the cornea be not insensitive. The latter indication of the full anæsthetic state will come later; but do not wait for it before notifying the operator to begin. Continue the inhalations, and, *as a rule*, the cornea will shortly become anæsthetic. I say as a rule, for sometimes it seems impossible to bring about its insensitiveness. Here the patient is usually a male, probably an alcoholic, large, muscular, "bull-necked." But simply because he has a sensitive cornea does not mean that he is not ready for operation. Experience has proved that he is and that he will not resist surgical interference.

Further demands for C. & O. are made in the same way as for any anæsthetic. Resistance upon the part of the patient, recurring sensitiveness of the cornea, attempts to vomit, etc., all indicate a renewal of the inhalations. It is my habit to leave the inhaler in position, even though the current be turned off. And as long as the mixture is being inhaled I watch the cornea and pupil particularly and feel the pulse *at the wrist* occasionally. The wrist is, in my opinion, the only place to satisfactorily test the heart's action. If the cornea is totally insensitive, and especially if the pupil is enlarging, turn off the oxygen. Watch for the return of the sensitiveness of the cornea, and in a few minutes it will be found. Inhalations need not be renewed immediately, however. The anæsthetist must use his own judgment here, and at all times, as to the quantity of the anæsthetic to be employed.

Should retching occur and vomiting threaten, administer a fairly concentrated vapor, at the same time encouraging the

patient to breathe, which can be done by keeping the jaw well raised. This will be found effectual in bringing about relaxation of the diaphragm and abdominal muscles.

In case of collapse it may be thought advisable to remove the long rubber tube from the chloroform bottle and attach it to the cylinder in order to administer pure oxygen to the collapsed subject. It will perhaps be necessary to pull out the tongue and perform artificial respiration at the same time.

I advise each possessor of a C. & O. apparatus to carry a piece of paper in the box, and to regularly note the date and length of operation, thus keeping a record of the duration of time the cylinder is used. Let him also number each cylinder upon the label near the end, and so be able to determine approximately the amount of oxygen it contains, and accordingly the length of time it should last. I have found a cylinder to furnish oxygen enough for from 4 to 6 hours of operating.

Let me again caution the anæsthetist not to waste the oxygen. When not desiring to make the patient inhale the vapor, turn off the current completely, even though the inhaler be left in position. It requires but the *slightest* turn of the wheel to furnish a current of the proper strength.

THE PROPER APPLICATION OF THE HOMŒOPATHIC MATERIA MEDICA.

BY JOSEPH C. GUERNSEY, A.M., M.D., PHILADELPHIA, PA.

(Read before the Homœopathic Medical Society of the State of Pennsylvania.)

Is the above title a misnomer? Is it a hopelessly moot question, upon which there are too many various opinions to ever admit of an agreement as to what the "proper" application of the *materia medica* is?

Samuel Hahnemann's answer is, "There is only one proper way of applying the *materia medica* and that is—according to the symptoms." Physiological and pathological prescribing is the work and snare of the devil who loves only disorder, perversion, and wrong-doing. It is indeed tempting to prescribe for fever a marked antifebrine; for pain to exhibit a powerful analgesic; for constipation to order a purgative and for diarrhœa an

astrigent—but all these are temptations to lure weak and erring homœopathic doctors from “the straight and narrow path” of their chosen profession, and seduce them to the *improper* application of *materia medica*.*

It is not uncommon now-a-days to read theses, and to hear lectures, descanting upon the limitations of the law of the similars—in other words, the limitations of the law of homœopathy; But it is impossible to form any correct judgment as to the limitations of the homœopathic law by any amount of thought or reasoning power, and the authors and speakers above referred to have no other recourse. It is, in fact, too soon by several hundred years to speculate upon the limitations of our law of cure, as this is a matter that can be decided *only* by experiment oft repeated and long continued, conducted by hundreds of unbiased, conscientious observers well skilled in all medical lore, and particularly in the proper application of our *materia medica*.

Thus far I have used the terms “law of the similars,” “our law of cure,” “the law of homœopathy.” All these are but interchangeable terms for one and the same thing, to wit, *true homœopathy* which is nothing more and nothing less than the proper application of the *materia medica*—both in size of dose and in accordance with the similarity of presenting symptoms. As at the present day there cannot be much more than guess-work as to the limitations *or*, as in all fairness, it should be put, to the extent of our law of cure, why for the next hundred years should any professed homœopath trouble himself to ascertain its *limitations*? Why not, on the contrary, seek to ascertain its height, its width and its depth? We have good reason, judging from the success of our *materia medica* in the past, to believe that we would receive a most satisfactory reply to this inquiry; and that curative measures would be discovered for many and many a condition of sickness which to-day is considered incurable.

My experience of the last few years has led me to believe that there is no better field for investigation or one fraught with more hope for achieving brilliant results than Surgery! I have long looked into that field with eager eyes, hoping to see

* *I.e.*, the materials and substances used as medicines.

a bountiful harvest reaped by the proper application of our materia medica. Happy results may be expected in two ways :

First.—In recourse to the materia medica before flying to mechanical measures as the means for success in a *supposed* surgical case. I use the word “supposed” advisedly because oftentimes proper investigation shows that a supposed surgical case, *i.e.*, one apparently needing mechanical treatment, can be better cured, and more pleasantly for the patient, by the proper application of the materia medica.

And here I desire to insist that the proper application of the materia medica consists in the giving of the smallest dose of medicine that will cure, and the administration of medicinal substances in strict accordance with the law of symptoms similar in the disease to those produced in the provings of medicinal drugs. It is to me utterly incomprehensible how so many medical practitioners can call themselves homœopaths when they do not believe enough in homœopathy to learn their materia medica—that is its symptomatology, and the application thereof. I have heard so-called homœopathic surgeons say, “I do not believe much in the materia medica. I rely chiefly upon mechanical measures.” It would be a glorious happening for homœopathy if a law could be enforced compelling every medical graduate to spend at least five years in general practice before assuming any specialty. Such training would develop an acquaintance with the materia medica that would redound with incalculable benefit to suffering humanity.

Second.—I have observed that patients fresh from the hands of operating surgeons afford material for rich results from the proper application of the materia medica. Many, for example, suffer greatly from constipation after an abdominal operation. This is a state of things that should not be trifled or temporized with by the palliation of cathartics, but should be cured by the proper remedy. It has been my experience that cases of this sort usually require one of these drugs: BRYONIA, *kali carb.*, NUX VOM., OPIUM, *plumbum*, *silica*, *sulphur*—according to the symptoms.

SEPIA must always be remembered as the great remedy for constipation after child-birth.

Another common symptom which I have found after a surgi-

cal operation is the severe neuralgic pains—wandering, sharp, distressing, often agonizing in character. ACONITE and STAPHISAG. are very often all sufficient in these cases; yet I have found another remedy almost indispensable, to wit, PULSATILLA; this is called for by very acute, wandering pains; restlessness with desire to move about; stiffness on beginning to move the hands or feet, but better from continued motion. In such cases PULSATILLA will afford ready relief.

While dealing with the proper application of the *materia medica* let us remember that famous aid to prescribing—the *Key Note*. Like many other good things the “Key Note” has been misunderstood and consequently abused. Its promulgation gave rise to the idea that it meant the prescribing for a single symptom, and a remedy would be given which closely fitted a single prominent symptom in a given case irrespective of the fact whether it covered the totality of the symptoms. Nothing can be further from the true intent of the Key Note; for in reality the curing of a single symptom does no more toward curing a case of sickness than the striking of the Key Note of a concerto plays the whole piece. Webster defines a key note to be “the first tone of the scale in which a piece or passage is written; the fundamental tone of the chord, or of a movement to which all the modulations of the piece are referred and with which it commences and ends.” On the basis of this understanding let us consider a case of sickness requiring arsenicum. Suppose a prominent symptom of the case to be a dark, watery, offensive, very urgent diarrhœa. Many a prescriber would seize upon this diarrhœa as a key note, or *fundamental* tone of the case, and give sulphur (the above diarrhœa is common to arsenicum and sulphur) when really sulphur might not have another symptom in the case. But the close examiner, *he who looks upon the key note as the suggestor of a remedy* and knows that the remedy must cover the totality of the symptoms, examines further and finds an intense, persistent and insistent thirst for water “little and often;” this would suggest the study of arsenicum as to its applicability to the case when, behold! the Key Note or fundamental tone of the movement to which *all the modulations of the piece (i.e., the totality of the symptoms of the case) are referred!*

The value of the Key Note when rightly used in prescribing

was admirably expressed in the words of an eminent professor who said: "Since Hahnemann's day there has been no discovery, addition or improvement to the law of cure as he gave it to us with one exception; and that is the Key Note system as advanced and taught by Professor Henry N. Guernsey."

HYPERIDROSIS PEDUM—A CASE.

BY EDWARD M. GRAMM, M.D., PHILADELPHIA, PA.

(Read before the Homœopathic Medical Society of the State of Pennsylvania).

LOCALIZED sweatings are, as a rule, not removed by treatment in a brilliant manner, nor can their causes be positively determined in the great majority of instances. Disturbances which have their seat in the sympathetic nervous system are mainly to be sought for, but are not always found. Crocker says, "Facts lead to the inference that injury or disease which directly or indirectly interferes with the function of the sympathetic of the affected region is the proximate cause of the excessive secretion." As the following case is one where both the result was favorable and the cause discovered, and that not of sympathetic origin, I have thought it might point a moral worthy of attention.

The patient is a well-nourished male, aged 38 years, of the nervo-sanguine type. He could not recall any of his near relatives who had suffered from sweating of the feet (heredity being stated by some authors as playing a part in the production of the malady). He called to see me on the 14th of June of the present year, stating that when he was about 14 years old bromidrosis developed on the feet, and continued until he was about 19 or 20 years old. The offensiveness of the sweat then disappeared, but its profuseness was unaffected, continuing to thoroughly saturate his stockings winter and summer and whether he rested or worked. The sweat has been very acrid for three years past, making the interdigital skin raw. I might say that his occupation as book-keeper kept him on his feet a considerable part of each day. At his first visit he stated that the soles of his feet were tender and painful, and at times they felt raw. This statement I took to mean just

what he said. He had an attack of articular rheumatism in 1875 and again in 1885. He finds that he must be very careful in eating, or he gets indigestion. Occasionally he has a frontal headache of a dull character, which usually develops in the morning and continues until he goes to sleep. On waking the next morning, no vestige of the headache remains; it is worse when he is constipated.

It would hardly be expected, from the symptoms detailed, that a local examination was demanded; but as I consider it absolutely necessary to make a thorough visual examination in all cases of skin affections, I asked to see the regions affected. Whereupon I discovered a considerable tendency to flattening of the arch of the foot. I told him that he must get an appliance for the correction of that condition, and prescribed silica, in the sixth potency, internally. Owing to personal reasons, he did not get the appliance directed, but returned to me, one week later, with the statement that the sweating had decreased very slightly, if at all; the painfulness of the feet continued. Silica in the same potency was again administered, and he was once more urged to get the mechanical device. He went directly from my office to the instrument maker, and had it placed in his shoes. Within twenty-four hours such a great improvement had set in that he considered it unnecessary to have further treatment.

A few days ago I had him call to see me, in order to get accurate data for this paper, when the following facts were elicited: For at least five years past he has had pains at the tarso-metatarsal articulations, which felt just like a sprained ankle he once had. (His former statement was that his feet felt sore and tender.) From these points shooting pains would extend to the knee when he would step on a pebble or give his foot a sudden although slight wrench. He was unable, on account of the pain produced, to step off a moving car, but was compelled to wait until it came to a full stop. He could not walk nor stand without serious discomfort—in fact, many a day he would be compelled to sit down to his work by the middle of the afternoon.

After the first prescription the pains were no better, but he thought the perspiration might have been slightly decreased. How much he was influenced in the good report by a desire

not to be too blunt about the matter is hard to say; for he said he did not think the painful symptoms would be influenced by the treatment directed to the cure of the sweating, which was the condition he wanted cured, and thought the former was practically incurable, as he had tried so much for it.

Within an hour after receiving the second prescription, he had had the mechanical device for raising the arch of the foot applied, and within twenty-four hours he was able to walk in comfort, and the sweating was markedly less, so much so that he was not compelled to change his stockings twice daily, as was his former custom.

Now he has no sweating of the feet whatever, and he illustrated to me how well he could stand on his toes and jump without producing the least bad feelings; in fact, he stated that he even felt in better health generally than he had done for years.

SPONTANEOUS CURE OF DETACHED RETINA.

BY H. I. JESSUP, M.D., PHILADELPHIA, PA.

(Read before the Homœopathic Medical Society of the State of Pennsylvania.)

Not having had time to finish my paper on Concomitant Strabismus, and feeling that the following case may be of interest, I take the liberty of substituting the latter for the former:

On May 5, 1890, Mrs. E. B., at that time aged 50 years, first applied to me for treatment. Upon examination, I found a fully developed cataract in the right eye, with ability to distinguish between light and darkness only. Upon testing the light projection of this eye, it was found to be very defective. This led me to suspect some disease of the retina or optic nerve; and, upon inquiry, I learned that another oculist had diagnosed a detached retina (in the right eye) previous to the formation of the cataract. The left eye I found to be highly myopic and astigmatic; the correcting glass being — 6. D. cyl. ax. 90° \odot — 13 sph. With this correction, her distant vision was $\frac{1}{5}$. The ophthalmoscope showed nothing abnormal, but a large posterior staphyloma. Glasses were prescribed, and the

patient was cautioned to avoid over-use of eyes, and all straining, as I feared there might develop a detachment of the retina in this eye also. On June 11, 1894, the patient came to me stating that her son said her cataract was disappearing. I found the cataractous lens of the right eye had spontaneously become partially dislocated downward; and, through the upper portion of the pupil, was able to make out with certainty a detached retina. From that time to this, there has been no further change in that eye, and at no time has there been any inflammatory symptoms, which is rather unusual in such cases.

On December 11, 1894, Mrs. B. reported to me that she could only see half of anything she looked at with her left eye. The ophthalmoscopic examination showed a detachment of the lower and temporal portion of the retina. The perimeter gave a distinct contraction of the field in the upper nasal portion. My diagnosis was, detachment of the retina in the left eye. She was immediately given gelsem. 1x, and sulphur 12x, to be taken in alternation every two hours. An atropine solution (grs. iv. to 5j) was used three times daily, and a pressure-bandage applied, and rest in bed advised. After a week of this treatment, no benefit having resulted, I used $\frac{1}{20}$ grain of muriate of pilocarpine each day for a few days, and then increased the dose $\frac{1}{10}$ grain, but all to no purpose. Operation was then resorted to, and although I feel sure that the puncture was made at the right place, the result a week afterwards was *nil*. The patient was then told by me, that it was of no use to make any further effort. At this time the whole lower half of the retina was detached, and projecting up towards the centre of the vitreous chamber in two peaks, with a depression between. The vision was $\frac{3}{200}$ scant.

I lost sight of this case until the 14th of September, 1895, when she again reported at my office. I was astounded to see her walk into my consulting-room without being led, and on noticing that she avoided a stool which was in her way. She said: "Doctor, you notice that I can see better, don't you?" My first question, of course, was, "What have you been doing in the way of treatment?" She then told me that during the summer she had been in a country village up in the backwoods of Pennsylvania, and had been prevailed upon to consult a "Pow-wow man." This man had blown upon her eye and

made passes with his hands over her head, and assured her she would see better. She dates the improvement in her sight from this time. Her vision is now $\frac{8}{200}$, and, most remarkable of all, the detachment of the retina has entirely disappeared, and the fundus is perfectly normal in appearance, excepting there are a number of minute pigment spots scattered through the retina, especially below. This, then, is one of the very rare cases of spontaneous cure of detached retina; and it is the scarcity of such cases which constitutes my excuse for calling your attention to the above.

SERUM THERAPY.

BY EMILY L. HILL, M.D., GLOVERVILLE, N. Y.

IN order to fully understand the basis on which serum therapy rests it seems necessary to go back a few years and look at some of the work that has been accomplished by the bacteriologists.

With the common acceptance of the germ-theory of disease there arose the question of how and in what manner do the micro-organisms bring about their specific effect? One theory quickly followed another, and without recapitulating them I will state that the one at present accepted is that the germs by their action on the already existing complex compounds of the body produce a chemical poison that by its toxic effect produces disease and death. This is well stated by Vaughn and Novy in the following definition of an infectious disease: "An infectious disease arises whenever a specific pathogenic micro-organism having gained admittance to the body and having found the condition favorable grows and multiplies, and in so doing elaborates a chemical poison which induces its characteristic effect." A study into the nature of these poisons determined that they belonged to the albumins and the name "toxalbumin" or "toxins" was given them. Hoffa was the first to succeed in isolating from a culture of anthrax a minute amount of a substance which, when injected into an animal, caused death with the characteristic symptoms of the disease.

He called this product anthracin. Later, Brieger and Frankel succeeded in isolating a base from the bodies of animals dead with anthrax, which produced similar effects. The same result was obtained from experiments with the germs of cholera, tetanus, etc., and served to establish the truth of the theory.

But while these investigations had been going on therapeutists had been trying to devise a means of annihilating the intruders and putting a stop to their deadly work. It had been demonstrated in the laboratory that certain chemicals when brought into contact with the germs possessed the power of destroying them, and we cannot doubt but that many lives were sacrificed to the zeal of those who, losing sight of the patient, relentlessly pursued the microbes with active poisonous agents. As the inefficacy and serious danger of this mode of treatment became manifest the desire grew for something better. In the course of experiments with the various germs it had been observed that certain species possessed immunity from certain diseases and also that the susceptibility of different individuals of the same species varies. Then one day Pasteur found that inoculation with a weakened culture of chicken cholera not only failed to produce death, but actually protected the fowl against a later inoculation with a virulent culture. The mind could not fail to be impressed with the similarity between this phenomena and the well-known fact that an individual after recovering from an attack of scarlatina, measles, etc., was thereafter immune. The possibility of producing immunity by protective inoculation was at once taken up and tested. While the promise held good and repeated inoculation of susceptible animals with attenuated cultures of anthrax resulted in immunity, yet from the imperfect knowledge of the material used and the inability to gauge the reaction it was inapplicable to man. In some cases as many as 15 to 20 per cent. of a herd succumbed to the initial inoculation.

The failure of the attempt to grow bacterial colonies in the recently drawn blood had called attention to the blood and blood serum as probable bactericides. Microscopical examination seemed to prove that the leucocytes attacked and destroyed the invaders, often even incorporating them into its own substance. Thereupon was founded Metchnikoff's phagocytosis theory. But then it was found that filtered blood and

blood in which the white corpuscles had been destroyed by freezing still possessed this germicidal power. The present status is a compromise between the theory of phagocytosis and that of chemical germicidal action, and it is held that one reinforces the other. There has been demonstrated in the blood serum of individuals naturally immune a substance probably belonging to the albumins and which seems to be formed by and within the leucocytes. To this the name "alexins" has been given, and it is claimed that while pre-existing in the blood it can be increased or raised to a higher degree of resistance by inoculation with the germs or their products. Similar in action, but different in its nature, is the substance formed in the blood serum of susceptible animals by protective inoculations. To this later substance has been given the name "antitoxin," from the power it possesses of neutralizing the toxins. The former is an animal product; the latter is probably the result of germ action. While the antitoxins are limited to neutralizing their own specific poisons, the alexins are not so limited. During these investigations there had been established a fact that is thus stated in what is known as "Behring's law:" "The blood serum of an individual which has been artificially rendered immune against a certain infectious disease may be transferred into another individual with the effect to render the latter also immune no matter how susceptible this animal is to the disease in question." But just here come in some interesting facts. It is only while the antitoxin is circulating in the blood of the immunized animal that it possesses the power of protecting another individual. But though there may be no more antitoxin to be found in the blood serum of the immunized animal, it does not become susceptible, thus showing that due to or hand-in-hand with the production of antitoxin in the blood there must have been going on an intra-cellular change which renders the immunity permanent. But this permanency is not transferred to the animal protected by injections of antitoxic serum. In these cases the immunity only persists until all the antitoxin is eliminated from the blood; hence this is called "passive immunity" in contradistinction to the former, which has been termed "active immunity." It may be of interest to note that in some animals who are going through the process of immunization the

susceptibility seems to increase coincidently with the increase of antitoxin in the blood. And it has also been noted that the blood drawn from an animal during the height of the reaction is not only free from antitoxin but is often actively toxic.

But it is around the application of the theory of serum therapy to the treatment of disease, and especially to diphtheria, that the greatest interest centres. In diphtheria we have a typical example of a disease where death results from the systemic intoxication, even after the subsidence of the local symptoms. In 1884, Professor Loeffler succeeded in isolating a germ which was present in all cases of the disease, and that conformed to Vaughn's requirement, "that the poisonous base precipitated from the pure cultures produced all the characteristic symptoms of the disease save the local exudation." From this germ, the diphtheria antitoxin has been prepared, and, as the method of preparation has been dwelt upon to some length, both in the journals and the daily papers, I will pass over that to look at some of the difficulties yet to be overcome. It is well known that the disease varies in intensity in different epidemics, and in different individuals during the same epidemic. It is also known that we have to deal with a mixed infection, and that, in cultures prepared from malignant cases, there are always present considerable numbers of the streptococcus pyrogens. A series of experiments, undertaken by Funk, showed that the streptococcus acted as a stimulant to the Klebs-Loeffler bacillus, causing the development of a much larger amount of toxin. As would be inferred, this can, to a certain extent, be counteracted by giving proportionately larger amounts of antitoxin. But just here lies one of the weakest points in the treatment; for, it is in just these malignant cases that our present armamentarium fails. Whether a definite serum can be prepared and used in conjunction with the diphtheria antitoxin, or whether the patients shall still be poisoned with germicidal sprays, is one of the problems as yet unsolved. Another important question is that of dose. It has been found that a much larger amount is required to protect from the ready toxin than from a virulent culture; hence, that whereas, a small dose would serve as a prophylactic, an increasingly large one would be required, according to the length of time

since infection took place, and the resultant intoxication of the system. This serves to emphasize the necessity and advantage of beginning the treatment very early in the course of the disease. The preparation and strength of antitoxin are still very uncertain, and our knowledge of the delicate chemico-biological substance is very incomplete. Experiments seem to demonstrate that when properly prepared it is perfectly harmless; but, in view of the fact that in a few cases disastrous effects seem to have followed its use, it behooves us to be very careful as to the source of therapeutic serum, and any that is not thoroughly tested and reliable should be rejected. All are familiar with the tables of statistics, which seem to prove beyond cavil, that we have here a most valuable therapeutic agent to aid us in our battle with disease. Even as homœopaths, we have often had to acknowledge ourselves worsted in the treatment of this disease, and cannot afford to overlook what seems to promise so much.

In no case was the larynx implicated, if it was free from the exudate at the beginning of the treatment. The change in the subjective symptoms was also most gratifying, torpor and depression being replaced by a feeling of well-being. In cases where the intoxication had been of considerable duration, and organic changes had taken place, it offers but little advantage over other methods of treatment.

To recapitulate:

a. Bacterial diseases owe their fatality to a poison produced in the system by the action of the germs on the pre-existing complex compounds of the body, and that this poison is taken up by the circulation and carried to the vital centres.

b. Repeated inoculations with attenuated cultures produce, in susceptible animals, a condition of immunity to even the most virulent cultures or inoculations with the ready toxins.

c. That this immunity is due to the formation in the blood of a chemico-biological product which has been termed antitoxin.

d. That this immunity can be transferred to another individual by an injection of the serum from a recently-immunized animal.

e. That, whereas the immunity, even by repeated inoculations of attenuated cultures (active immunity) is permanent,

that even by injection of antitoxic serum (passive immunity) "Ehrlich" is of temporary duration.

f. That in treating a case of diphtheria with the antitoxic serum, the best results will be obtained from cases in which the treatment is begun as early in the disease as possible.

THE SYSTEMS OF MEDICINE.*

BY J. D. BURNS, M.D., GRUNDY CENTRE, IOWA.

THE object of this address shall be an estimate, if possible, of the principles which are advocated by the several systems of medicine of to-day, rather than the minutiae. I may not be able to correctly estimate the value of all the stock in trade, and I do not expect that all present will agree with me in this estimate; indeed, it would be presumptuous for me to expect it. I shall confine myself to the systems of medicine of to-day in the main, only going back for a brief sketch of the past to get a starting point.

Medicine, as a whole, has come down to us from the dim vistas of antiquity: but there is reason to believe that Egypt was the country in which the art of medicine was first cultivated with any degree of success. The name of Æsculapius is the first of which we read in medicine. Homer speaks of him as an excellent physician of human origin, and later, he becomes the legendary god of the healing art. With a passing mention of Pythagoras, Democritus and Heraclates, we arrive at Hippocrates, of whom it is said, "He created medical science, observation and therapeutics." His writings were received as authority for centuries, and the dominant school worship him to-day as their god-father. Eventually, medicine fell into the hands of philosophers whose wild and presumptuous theories brought a reaction, and the birth of the methodic school. The illustrious physician and naturalist Galen introduced a severe dogmatism; his pathology was speculative and imperfect: although not knowing what produced it, he laid

* Presidential Address delivered before the Hahnemann Association of Iowa, May 22, 1895.

great stress on the pulse in his diagnosis. The doctrine of critical days, which he believed to be influenced by the moon, was a favorite with him. He wrote: "Disease is a something contrary to nature, and is to be overcome by that which is contrary to disease itself." His dogmatic system, it is said, united the warring elements into which the profession was previously divided, and of which there were several sects, viz.: dogmatici, empirici, eclecticici, pneumatici, etc.

Soon after his time the medical light seems to have gone out, or at least burned so dimly that it cast no shadow, so that for more than fourteen centuries his writings were received as the "ultima thule" of medical science, until they were attacked and publicly burned in the sixteenth century by Paracelsus. His theory of disease was, in short, "That all sickness depended upon an excess or a deficiency of bile, phlegm or blood in the body."

But the alchemist, Paracelsus, whom most of the writers of medical history call the "Arch Quack" quickly rose to prominence with his *nil novi sub sole*, and moulded the medical mind for a time; he held that "Disease is an actual existence in the body, an entity." Just here I wish to notice a very singular fact, prominent to-day above all others, that, notwithstanding this is the utterance of a "quack," so called, it is held by most of the leading minds of the dominant school to-day. It is the foundation on which bacteriology is to-day endeavoring to obscure all other theories, yes facts, as to the ætiology of disease. Next came the experimental method of Bacon and his celebrated work *Novum Organum*. The discovery of the circulation of the blood by Harvey, in 1628, A.D., created another revolution in the science (?) medical.

A little further along, the empiricism of Sydenham blossoms forth and runs riot for a time; then Stahl takes a retrospective view, and revives the dogmatism of Galen. Then the animism of Hoffman was fancied for awhile, and was supplanted by the mechanico-dynamic theory. Then the celebrated Bøerhave took a short cut and united the humeral and the mechanical theories. The more scholarly Haller advocated what was known as the physiological doctrine. Then the Scottish physician Brown created a stir by what he called the dynamico-ætiological system. The system of irrigation of Broussais; the seduc-

tive theory of Burggrave, and finally chemistry and bacteriology.

Even from this "bird's-eye-view" we see that theory after theory has been promulgated; school after school has arisen and flourished for a time, but have given way to something else. The "fad" of one day was relegated to the past and considered obsolete the next; and so, accordingly, to-day bacteriology is the latest "fad," and is having its day; but so far, it has only introduced disorder and anarchy.

In looking over this history of the "art" of medicine, and seeing the numerous changes of front it has made, I was reminded of one of nature's great water courses, the Missouri river, and, in my fancy, I conceived this a good illustration of the history of medicine in the dominant school.

Its age we do not know, neither do we know who first discovered it, but it is a great and majestic river. It is the longest river in the world. Its headwaters are located in an unexplored realm or region comparatively. The dominant school has for its guiding star the same theory that that "arch quack," Paracelsus promulgated. Of course, this will be denied by some, but as a proof of the truth of the allegation, I need only point you, to-day, to the leaders and ask, What are they hunting after? This theory I may call the headwaters of this school. It is a treacherous stream, owing to the facility with which it changes its channels and currents; this is a great peculiarity; *somewhere* in its course it is changing its channel constantly: at times sweeping away whole tracts of land on one side, and throwing up a shoal below, on the other side; then, again, in a few years, seemingly tired of its bed, it ploughs out a new channel, maybe very close to where it was years before. And thus it is *ever changing* back and forth, as if hunting a new resting-place.

The hide-bound ethics of the old school are like the rugged and precipitous banks in some localities, and the quackery of some in high places, as the production of the "Animal Extracts" by Hammond and Brown-Sequard, such as cerebrine for the crazy and neurasthenic patient, the juice of the thyroid gland for anæmia, and testicle juice for the renewal of manhood, and others *ad nauseum*, mark the places where the banks recede into very low and marshy ground. It has more tributa-

ries than any other stream in the new world. It has its regular freshets twice a year, one of which affects its lower waters, the other comes from its headwaters. It is a muddy stream, but when its water is once filtered of its *débris*, it is found to sparkle, and, indeed, be very palatable. As to its navigability, the similarity is most striking; while in its lower waters, the body medical of this school, where the stream is wide and her practitioners are legion, it is comparatively easy of navigation, and on its apparently placid bosom are to be seen many crafts, large and small, of all descriptions, all having a certificate of seaworthiness. Some really frail crafts, painted in bright colors and a new whistle, make any amount of noise, and are really cutting quite a swell; some are able to stem the current and go up stream, while others are content to float with the current. There may be seen the whale-back passenger steamer, the excursion-boat, the scow, the flat-boat, the dug-out and the gun-boat; in fact, all manner of craft may be seen.

But owing to its treacherous and snaggy channel, its falls and its rapids, few, if any, of these crafts ever reach the headwaters, as they are very hard to navigate. Some have claimed to have been to the headwaters and discovered the entity. Yes, they have seen the enemy, dissected and analyzed him, and know just what it is, and what its habits are, and therefore they know just how to handle him.

Indeed, they had already laid siege, and were preparing to take him, but the next annual freshet from headwaters came down, and another fellow reported differently. Koch was the first man who really claimed that he knew all about this enemy; he had solved the problem; the thing was settled at last; and what a jollification was held; the shouts of glory filled the land. He believed it had lungs, and therefore they tried to drown him with salt-water in cholera times, and that didn't work, and now they are trying to poison him with anti-toxines.

But one of the big generals who has been taking observations from an elevated position draws a long breath of relief and says; I don't believe you have seen the enemy at all; possibly you saw where he had been, etc. But here is another freshet which overflows the banks and washes a specimen ashore at Milwaukee, Wis.—one Maximillian Herzog, M.D.,

and he tells them he has just come down from headwaters, and has been having a great time up there; he had better eyesight than some had, or was so well acquainted that "just the instant I laid my eyes on him I knew him; I knew he was the fellow. I saw all the sights that Klebs and Loeffler saw, but I knew they were off, so I didn't spend time with their game, but I have solved the question." And now what is it? Why it is a parasite, of course; a parasite feeding on the bacillus. He is a very particular fellow, and each bacillus may have from one to a dozen of these infinitesimal parasites nagging his body.

But it will soon be time for another freshet, and some other fellow will have been there and will tell you: Pshaw! Dr. Herzog is not right at all; I found things just about as he describes them up there; I found the bacillus of Koch and others, the amœbe or parasites, which Herzog describes, and much more. I tell you that that parasite fastened to the bacillus has the itch; and then another army will start in pursuit of the itch insect; and so this movement which has taken shape amongst us will go on increasing like the snowball which we roll on the white fields of winter, and which rapidly acquires immense size, but eventually breaks of its own proportions. So it will be with bacteriology, which, as I have said, has had the presumption to domineer over pathology. They are looking for something which has never yet been found, and the chances are that it never will be, because they are hunting for something that is not given for man to know, viz., the ultimate cause of disease.

I ask the question, What is disease? Who can answer it and prove their position? A great many staggers have been made at it, but the answers are all different, simply because they have different ideas of life. What? I hear some one say, Differ as to what life is? Yes, in truth. There have been numerous theories advanced as to what constituted life. Some have considered it a sufficient account of every phenomenon, not otherwise explicable, to refer it to a vital principle. Some have endeavored to reduce all physiological causation to a set of material conditions, maintaining that life depends entirely on organization; that the hypothesis of a vital principle is consequently unnecessary and unphilosophical. Others,

who have recognized the physical and chemical agencies in the living body, have maintained that all vital action is but a peculiar manifestation of heat, mechanical power, chemical affinity and the like, and have thus attempted to break down the barriers between organized and inorganic creation. But inasmuch as organization alone is insufficient to account for the phenomena of life, because immediately after death we *may* have the organization in perfection, when there is but one process which continues, viz., decay, there must be some other principle or element added to organization in order to have life. This other element, for want of a better name, we call vital force, which, added to appropriate organization, produces life in the animal body.

Liebig says, "Life, in the animal kingdom, is that subtle vital principle, residing, primarily, in the ovum, which, when quickened by impregnation, by the presence of air and moisture, entering into a state of motion or activity, exhibits itself in the production of a series of forms which, although occasionally bounded by right lines, are widely different and distinct from the geometrical forms such as we observe in crystallized minerals and which, primarily, is the cell; but in its completion, is the animal body."

Whether this vital principle or dynamic element is the soul of theology or not, I do not know, but certain it is that it is *the* essential of the living body and pervades every tissue cell, endowing it with the power or ability to reproduce itself, which is an essential attribute of animal life.

We have then, in perfect life, the two elements, the organic, which we can see, feel and estimate; and the inorganic, which we can neither see, feel or estimate, working together in harmony; the organization furnishing the channel through which this subtle vital principle or dynamic force shows itself. Harmony is the keynote of health in the human soul. Either or both of these elements may be concerned in disease as they are both concerned in health, and just in proportion as to which element is the more essential to life, just in that proportion will that element figure in disease. We may have organization without life, but nowhere in this universe has any one been able to identify this vital or dynamic element when separated from organization. The dominating element in life is this dynamic

element even to the extent that organization can do nothing but decay without it; we may thus with reason say when this vital force is disturbed we have *disease*; and we need not to ransack the body to find a supposed entity as the cause of disease, for it is not there.

And if we could find positively, the ultimate primal cause of disease would it help one particle in the treatment of the diseased condition? But it is claimed that all these changes of front in medicine mark the different stages of progress in it. I called your attention to the facility with which the river changed its channel, nevertheless the river still flows onward with its waters as muddy as of yore. In the dominant school of medicine the waters indeed were so muddy and the results so disastrous, that the more conscientious and advanced members have made a change of front, abandoning their heroic treatment entirely in some diseases, as pneumonia, depending on what they call the expectant treatment, which in short, is to give *no* medicines, but put the patient in the best hygienic condition and sit quietly by and let dame Nature take its course. From the fact that their success is far greater under this plan of treatment, than formerly under the heroic, I think the proposition, that the patient is better off without than with the doctor using heroic treatment, is practically acknowledged. The lung swarming with microbes has taken care of itself and the "entity" is vanquished by the gladiator, vital force, when given a fair chance and not handicapped by heroics. In view of these facts, if the question were asked: Has the art of medicine attained the object for which it exists? The answer must be no. They must try again. In the collateral branches, this school is entitled to great credit for advancement made, but on the great and vital questions of theory and practice, they are wrong, radically wrong. They represent a magnificently equipped ship at sea without a rudder.

There are a number of so-called systems of medicine advocated by more or less able and conscientious persons such as the Dosimetric System, Faith Cure, Divine Healing, of which I know nothing, and will not speak of therefore, in this address.

The Physico-Medical or Botanic School or system of medicine I will not stop to estimate, as I regard it as an excrescence on the body medical and whose only theory seems to be, to

stimulate the system with capsicum or relax it with nauseants and diaphoretics and fill the patient up with various decoctions.

The Biochemic system of medicine of Schuessler, is a system which is based on the proposition that all sickness or disease is a manifestation of a lack, in the human body, of a proper quantity of some one or more of the salts which go to make up the physiological standard of perfect health and which if properly supplied, the so-called disease will disappear. This system recognizes only the chemical theory of life and no dynamic or vital force as necessary to life, save that force generated by the chemistry of the human organization. It is necessary to prove that this dynamic force which we call life is the result of chemistry in the human organism before it can be accepted as the true basis. It would seem from the history of the creation, as given in Genesis, that chemistry in the human organism, began *after* "the breath of life was breathed into his nostrils," previous to which time man was a lump of clay.

This system contemplates the belief that disease is simply a local starvation and that drugs to be curative, must be of a food nature, must simply supply the want. Cure by this means would have to depend upon self-stultification in nature. Suppose we have a case in which the proximate cause of ill-health is a lack of phosphorus. This lack has resulted from some wrong in the selective function; at every meal phosphorus in its most attractive form and quantity, appeals for admittance and placement, but without avail. Now if phosphorus in its most attractive form and quantity is partially or wholly rejected, will grosser quantities and qualities be accepted? Phosphorus is phosphorus after all, and if the system cannot appropriate it, why then it just simply can't. Phosphorus, then, cannot be the remedy for those disorders which depend upon a lack of it. The remedy must be something that will change the system, *shake out* the morbid tangle upon which phosphoric non-assimilation depends. Phosphorus cannot do this unless nature is capable of doing and not doing the same thing at the same time. *Under the theory of the promulgator*, I do not believe the tissue remedies are applicable to the cure of any disease.

In the eclectic school or system of medicine, we find one of the three most prominent systems of medicine of to-day. Its theory of disease is, that all sickness, of whatever cause,

is a disturbance of the vital functions, and is measured, in all cases, in one of three ways, viz., excess, defect, or perversion. The therapy of the eclectic school may be said to be heterogenous. Its practitioners are divided into two classes, viz., those who believe in, and practice, what they call specific medication—specific, not for disease, but for conditions of disease; and those who deny that there are any specifics known to medicine, and always go after game with large calibre guns and plenty of ammunition. The first class, I judge is largely in the ascendancy. This “specific medication” I speak of is the work, almost entirely, of one man, and consists of a compilation of isolated *facts* (?), or keynotes, if you please, gathered up by the wayside, as it were, which, when closely scrutinized, are nothing more nor less than the keynotes of homœopathic practice, judged by their clinical use or proving.

It is sufficient to note that this school claims to occupy a medium ground; and, with a right appreciation of disease, they are travelling in the right direction in their therapy.

But, what shall I say of the homœopathic school or system of medicine?

First of all, I wish to call your attention to the fact that homœopathy is a science. It embraces more than the elements which go to make up an art. It is based on a law of nature, and therefore a universal law; it is the principle of all action and commensurate with life, and is represented in the formula, *Similia Similibus Curantur*. It may not have occurred to every person that there is any very direct connection between the law of gravitation and this law of cure, yet, such is the case.

Newton's first proposition, with regard to force, declared that action and reaction are equal and opposite. This equation is by no means confined to the sun or planets, but it obtains in all life, and lies at the basis of every molecule of protoplasm, of every tissue cell, and every drop of blood in man. Similar action implies opposite action, or else all action must cease, and vice versa. Drugs, whether medicines or poisons, act on man according to this principle. Between the opposite actions the sum of energy, or vital force, maintains an equilibrium.

This equilibrium is what we call health. Disease results

when action and reaction, though still opposite, are not equal; and it is the province of the remedy to restore lost equilibrium. Disease, then, is a disturbance of the vital or dynamic force, and medicine must have a dynamic action, or it *cannot* reach this disturbed vital force.

Right here, on the threshold of this discussion, I am confronted with a denial of the proposition that medicines must have, or even have at all, a dynamic action, by the author of a late work on homœopathic therapeutics, E. M. Hale, M.D. Beginning with a paragraph on the bottom of page 312, he says:

“Hahnemann, and some of his radical disciples, teach that the action of drugs is dynamic, meaning of an imponderable, immaterial force. This theory must be discarded. The idea of a dynamic force is abandoned by all scientists. There is no dynamic force except that excited by the human soul. Medicines, even in the minutest quantity, act on the animal organism by means of their ultimate molecules coming in contact with the various tissues of the body.”

This is great news to me—that scientists had abandoned the idea of a dynamic force. If this proposition be true, how can we explain the action of belladonna—brightening the eye, a little later flushing the face all the way from a pink to a deep crimson, and still later, dulling the lustre of the eye and blanching the face? Does it make the eye bright and the face flushed by reason of the drug coming in contact with the tissues of the eyes and face? If so, why should it dull the eye by reason of more molecules of the drug coming in contact with the tissues? But why should the face be flushed at all? There is no coloring matter in belladonna that will color the tissues red. It was the blood, of course, that made the face flushed. But what has the blood to do with this controversy? Did it come to the face in increased quantities by accident, or, from some good reason? The very fact that blood was there, in increased quantities, is proof positive that something else than the tissues of the face was affected. The nerve-centres in the brain were irritated by the drug, and through the vaso-motor nervous system the circulation was stimulated, the capillaries becoming full and distended; there was, for the time being, a plus quantity of *vital force* directed to the parts, as shown by the brilliant eyes and the flushed face; and later, according to the

law we have spoken of, the reaction or opposite action sets in, and the eyes become dull and the face blanched. The *cause* of the action was in the brain, the effect was seen in the face and eyes, and not at all because the drug came in contact with the tissues of the eyes and face. The pendulum of life, from excited action, swung further out on one side and flushed the face, and must, necessarily, swing further back on the other side, and blanch the face. This action we have been taught to call dynamic.

Force or power of any kind is combated by a similar force or power—material force by a material force, immaterial force by an immaterial force. While an immaterial force may operate on material as the action of electricity on iron, a material force cannot operate to counteract or annihilate an immaterial force, because the immaterial force pervades and is not hindered by the material. There is in man a tendency to health and a tendency to disease, a tendency to life and a tendency to death, and the only beneficent effect a drug can have is to give direction to this tendency; this action *is* dynamic—one of adjustment, and not one of quantities or equivalents of force. If disease is dynamic, the action of medicine must be dynamic, in order to reach disease at all.

Drugs administered to a healthy person disturb the vital force of some part, thereby producing signs or symptoms of its action—a drug disease. Sickness makes itself manifest to the outer world by signs or symptoms, and the business of the homœopathist is to fit the symptoms produced by the drug disease to the real disease symptoms. This leads, necessarily, the prescriber to prescribe for the patient who is sick, and not for his disease. It makes little or no difference to such a prescriber whether the disease has a name or not. *Nosology* has no *necessary* abiding place in homœopathic practice. The dominant school insists that symptoms are not reliable data from which to direct the treatment. To them, symptoms only serve to help make a diagnosis; *i.e.*, to give the disease a name, and then they are ready to begin to treat the disease, and they invariably prescribe for the disease, and not for the person who has the disease.

To be able to correctly interpret the symptoms of disease and estimate the value of each symptom or train of symptoms,

and prescribe the exact *similimum* in just the right quantity or potency, is certainly a great accomplishment indeed, and requires great tact, patience and judgment. (I would, therefore, have every neophyte in medicine disabuse his mind of the thought that it is fun to dose out "sugar pills," under the theory that "If they do no good, they will do no harm.")

But equally important with the true interpretation of the signs of disease is the true interpretation of this formulary, *Similia similibus curantur*, if he is to be a homœopathist, because it makes all the difference in the world in its application. Some insist on interpreting this to mean, "The hair of the dog will cure the bite," or "The same thing that makes a person sick will make him well." This is *not* its meaning or interpretation at all. Not a few professing to be homœopathists have confounded the *idem* with the *similimum*. Some have said there is no difference between the two, and therefore no difference between isopathy and homœopathy. Still others have said there is no truth in homœopathy, but there is all truth in isopathy. *This is the doctrine of a false prophet, the doctrine of the enemy.* It is under the teaching that there is no difference between similarity and sameness, that the nosodes, with all their nastiness, have been introduced into homœopathic practice and the materia medica.

Can it be proven that by attenuation of the poison of syphilis, and calling it syphilinum, you change it from the *same* thing to a *similar* thing? or that it takes away from it any of its nastiness? Think of the horrid, unspeakably repulsive practice of giving a consumptive a trituration of the sputa of some other consumptive—under the seductive name of bacillinum—on the theory that the same thing that makes a person sick will make him well. This is "the hair of the dog" theory, and should be repudiated by every homœopathist, and allow those who gave birth to the bastard to attend to its bringing up. I, for one, am truly glad that no such horrid theory can find *any just* endorsement under the law of *similia*. (I am equally sorry that an effort has been made to persuade the body medical of the homœopathic school that such a teaching is in harmony with the law of *similia*.) But besides that, it is not proven that this bacillus is the cause of consumption, and therefore there is no basis for even *this theory*. When such is proven,

every honest man will have to acknowledge that the teaching of the old school is correct, that an entity really exists, and that in tuberculosis it is the bacillus tuberculosis of Koch. This is in direct contravention of the homœopathic idea or theory of disease, and if true, of a necessity, the law of cure, based on similia, falls to the ground as worthless.

Pasteur teaches that an attenuation—or, as he calls it, a “culture”—of the poison virus of rabies will cure the bite of the mad dog, or, rather it will render *nil* the bite of the mad dog. This is isopathy pure and simple, but not any more so than that the 200th attenuation of bacillinum will cure consumption. (I do not hold that the nosodes will not affect the animal economy, and might be used as medicines, notwithstanding their nastiness, if it were proven that their effect does not give the sick person just that much more of a load to carry. What one of you would advise a patient suffering from a chronic disease to contract syphilis, in order that he might get rid of his other ailment? There would be certainly as much sense in treating him in this way as by administering syphilinum *per orum*, would there not?)

Again, just now antitoxine for the cure of diphtheria is a great “fad,” and is being worked for all there is in it. Let us examine the reports of some of the big guns from across the water, and see what this “great success” is.

In the *British Medical Journal* are the reports of 1141 cases treated in hospitals where all are provided with every possible facility: the hygiene and nursing and diet were the best, with a mortality per cent. of 28.03. It will at once be seen that there is nothing very remarkably favorable about these statistics; indeed, I should say they show the reverse from favorable. What homœopath here cannot show better—far better—results even in general practice, where you have to take things as you find them? But I also see that some of the homœopathic fraternity are joining the van, embracing the entity theory and running after this false god at break-neck speed, yet claiming this treatment to be homœopathic. They employ parasiticides to kill the entity, and thereby remove the cause, and use homœopathic medication to remove the symptoms caused by the ante-mortem presence of this entity.

One such read a paper before the local society, in which he

claims great success (viz., three deaths in ninety-two cases) with this mongrel treatment. Mercuric bichloride and carbolic acid were his choice of the parasitocides. This is very much like a case of tetanus treated with antitoxines, with recovery, reported in the *British Medical Journal* with a great flourish of trumpets; the same journal incidentally notes, however, that the wounded finger was amputated at once, and chloral hydrate, bromide of potassium and morphine were freely administered. *Why of course* it was the antitoxine that saved him.

I agree heartily with Prof. R. N. Tooker, and congratulate him heartily on the stand he took in the discussion of the paper I have spoken of. He said, "Of what account is the mercuric bichloride, if the throat and blood of the patient are full of the Klebs-Loeffler bacilli? The treatment itself is silly. If I believed as he does, I should buy a horse, and inject him with the best and strongest diphtheria poison I could buy; I would cultivate the antitoxine as soon as possible, and inject every one of my patients with it." That, too, would be consistent; the other is inconsistent and tends to bring the homœopathic practice into disrepute among the laity, because the doctors, apparently, have no faith in their practice.

These are very exciting times, and in the mighty evolution now going on, unless the practitioner is thoroughly anchored, he is liable to be switched off by some of the seductive theories advanced. But do not be too hasty. Do not sacrifice something for nothing. Remember the greatest of teachers said, "No man can serve two masters."

I have heard talk of a medical millennium some time in the near future. If the premise I have assumed in this address be true, I think you will see that in the medical world to-day there are, practically, just two ideas or theories, and they are diametrically opposed to each other. Therefore there never can be a medical millennium unless one of these ideas prevail, which is equivalent to saying one or the other must go down. Shall it be the homœopathic? If it is, it will be because false doctrines have crept in; Heresies will have choked the word. But if the truths of homœopathy are held aloft, I can prophesy nothing but fair sailing. It is the allopathic pot that is boiling, and only affects a few of the homœopathic school by its reflected heat.

This majestic river I have told you of is tired of its resting-place, and is preparing to plough out a new channel. Of course, there is no telling where it will be, but I have faith to believe this will be the last era of the entity speculation. Something more stable and reasonable is to take its place.

Homœopathy is a maiden of fair form and comely features, and is ready to reflect her light of truth to help all who would see it. Let us bear aloft the banner of similia, and prove to the world that ours is a banner worthy of confidence, and this turbulent river *may find* a resting-place on the solid rock of Similia Similibus Curantur.

THE TREATMENT OF COMPLETE RUPTURE OF THE UTERUS—S. Cholmogoroff.—An interesting case is reported in which the placenta had escaped through a transverse tear through the cervical portion of the uterus into the abdominal cavity. The placenta was removed through the laceration, the abdomen irrigated with the aid of a glass tube and the rent sewed up, except a small opening for drainage, with the aid of a Sims speculum. The writer arrives at the following conclusions—Rupture of the uterus can be treated by the following methods:

1. (a) Expectant or antiphlogistic methods.
- (b) Laparotomy and saving the uterus by stitching the laceration or leaving it open.
- (c) Laparotomy with supravaginal amputation of the uterus or extirpation of it.

- (d) Drainage of the rupture.

- (e) Suture of the laceration with or without the introduction of iodoform gauze.

2. The expectant treatment very rarely leads to recovery, and must be therefore condemned.

∴ As a rule, one has to choose between the various methods of laparotomy or the tamponade.

4. If very careful attention is given to disinfection of the abdominal cavity, it is difficult to select one of these methods in preference to the other.

5. Drainage does not guarantee the arrest of hæmorrhage, but it provides for the free escape of secretion from the abdominal cavity.

6. The advantages of both methods are obtained if the laceration is sutured from the vagina and only a small opening left for the introduction of a strip of iodoform gauze.

7. This method corresponds to all the requirements of surgery. It may be difficult to accomplish, yet it is always possible in all ruptures of the uterus below the contraction ring, which constitute the greater part of the cases.—*Ibid.*

THE TREATMENT OF ECLAMPSIA IN THE VIENNA CLINIC—Woyer—Morphine is used subcutaneously in the early stage of labor. In the case reported the convulsions were severe and the cervix undilated. Caesarian section was considered; but it was decided to try Dührssen's method of using the colpeurynter, an oblong rubber bag a little larger than the fist, in the same way as for the treatment of face presentations, except that the colpeurynter is here used to dilate the upper part of the cervical canal from above downward. The vagina and the rubber bag were both carefully cleansed, and with the aid of ether the bag was introduced over the internal os. It was then filled with about 400 grammes of sterilized water. Gentle traction was then made on the bag with one finger in the vagina to watch the process. In about twenty minutes the bag slipped out and the cervix was nearly dilated. The hand was then introduced, version performed, and the child delivered.—*Centralblatt für Gynäkologie*, No. 13, 1895.

EDITORIAL.

HYPNOTISM AND THE MEDICAL PROFESSION.

IN a late number of the *Medico-Legal Journal* appeared a paper by the editor on "Hypnotism and the Law," read by him before the Section on Medical Jurisprudence of the American Medical Association and the Medico-Legal Society.

He had addressed the following inquiries to some of the leading scientists who have made the subject a matter of study :

1. Can crime be committed by the hypnotizer, the subject being the unconscious and innocent agent and instrument ?

2. If the subject is unconscious and even unwilling, has the hypnotizer such power and domination over the hypnotized as could control action to the extent of the commission of a crime ?

3. Is it certain or possible to remove by hypnotic suggestion from the mind of the subject all memory of acts or occurrences which happen in the hypnotic state ?

4. Would it be possible for a hypnotizer to so control a hypnotized subject as to, for example, make him (1) sign a will in the presence of third persons, declare it to be his will, and to request them to sign as attesting witnesses, and be afterwards wholly unconscious of the occurrence ? or (2) a note of hand or a check ?

From Prof. G. Stanley Hall, of Clark University, at Worcester, Mass., and the editor of the *Journal of Psychology*, he received affirmative answers to all the questions ; from Prof. J. Mark Baldwin, of Princeton University, and one of the editors of the *Psychological Review*, affirmative to Nos. 1, 3, 4, and a partially negative one to No. 2 ; from Dr. G. F. Laidlaw, who has given the subject special attention, affirmative to all, but in connection with No. 4 the difficulty of doing so without arousing suspicion was pointed out. Dr. R. J. Nunn, of Savannah, Ga., one of the vice-chairmen of the Psychological Section of the Medico-Legal Society, and who some years since made extended experiments in this field of inquiry, is inclined to answer all in the affirmative.

The views of such authorities, as well as the results of the two celebrated cases in Europe, that of Bompard in Paris and of Czynski in Munich, to say nothing of the attempts beginning

to be made to defend crimes under the plea of having been committed while under hypnotic influence, all should compel the medical profession to take a consistent stand with reference to this subject. We doubt whether it is altogether correct to class it as a fad and as an old god in new clothes. It no longer attracts so much attention in France, it is true, not because it has been "done to death," but because it is the subject of more general investigation. Throwing out all unauthenticated and doubtful claims for hypnotism, there still remain certain phenomena which are sufficiently interesting and inexplicable to become a proper subject of study and investigation. The medical profession has a convenient way of explaining things, no doubt inherited from the times when it clothed its prescriptions in correct Latin and its opinions in dignified reserve. It simply translates the expression of an appearance into a different tongue, or gives a phenomenon a Latin or a Greek name, and calls it an explanation. How often has not a Latin polysyllabic soothed the inquiring anxiety of friends and gilded the ignorance of the doctor? To speak of "mental suggestion," of the influence of mind, to refer to similar phenomena, and to endeavor to limit the application of hypnotism without having made any effort to discover the laws which must govern the manifestations which do undoubtedly exist, is, we think, unwise, to say the least.

The realm of mind, in as far as it touches that of matter, as, *e.g.*, in insanity in its protean aspects, has always been considered a legitimate object of study for the medical man, and why not hypnotism? Why should this be relegated to that limbo where already flit the ghosts of so many border-land subjects?

We confess to a feeling of ironical amusement when we see it suggested that the panacea of legislation should be applied to this subject too, and that all but physicians should be forbidden to make experiments in hypnotism. Physicians who, until the last few years, have ridiculed the subject, who have refused even to examine into its claims, who have denounced as charlatans those who were liberal-minded enough to desire to do so, who have sought to mesmerize it in quiescence, these are forsooth the only ones who are to be allowed to experiment with it, who are supposed to be the best judges of the validity of its claims! As our friend, Prof. Tyll Euienspiegel, would

say, That is, indeed, making your billy-goat gardener. We quote with approval the concluding paragraph of a paper on "The Hypnotic Power," in the New York *Medical Times*: "Let all freely strive to fathom and solve the mysteries of the nature of man, and let no class of men assume that they can be more safely trusted with these investigations than any other, for class legislation is an abomination to a liberty-loving people."

We fully recognize the dangers attending the public exhibitions of so-called professors all over the country, but let the law be invoked to prevent abuse only. We grant, too, that, in order to make any progress in the study of this or any other subject, scientific training is necessary, and a power to sift and compare facts, to analyze and reconstruct; and that, therefore, only by men trained to habits of thought—be they in the medical profession or not—can we hope to have hypnotism and its laws scientifically investigated. This does not, however, prevent others from doing yeoman service in collecting facts and in producing phenomena.

In as far as hypnotism has been offered as a therapeutic measure, it behooves the medical profession to investigate its claims, but not as the sole proprietor of a new coal-tar product. Not all can be manufacturing pharmacists; neither can all be practicing hypnotizers. Let the subject of hypnotism be regarded as a specialty, as much as nervous diseases or insanity. Let him who feels called upon to devote himself to its study be able to do so without having to fear ostracism on the part of his colleagues. It is certainly not a subject which can be exhaustively studied in a short time, not one with which every physician can become acquainted sufficiently to be able to give expert testimony in reference to the questions as to personal responsibility for crime, etc., which are becoming of so much importance.

What little is known of it has certainly shown that there are many things in connection with it which will require long study and observation before satisfactory solutions can be hoped for.

The medical profession is sufficiently alert to take alarm at any threatened encroachment on its province by the laity. Let it be equally just in not endeavoring to appropriate for itself something which it has hitherto despised and rejected, and to which it can at best only indirectly lay claim.

HOMŒOPATHY IN MEXICO.

ALL friends of homœopathy must have rejoiced at the announcement of its official recognition in Mexico made in the last number of this journal.

By a decree of President Diaz homœopathic physicians have been placed upon an equal footing with the allopaths in regard to all privileges and prerogatives, and naturally and properly also, in regard to all the requirements of preparatory study and medical knowledge.

The creation of a National Homœopathic School of Medicine, with a five (5) years' course of study, will at once remove homœopathy and its adherents beyond the reach of the slander and ridicule which have been the staple weapons of its enemies elsewhere.

As to the curriculum presented in Dr. Fornias' letter, opinions may differ. We think that more could have been made of a course of five years without at all incurring the risk of a charge of want of thoroughness. It was, however, no doubt, thus arranged to meet certain conditions with which we in this country may be entirely unacquainted and which may call for just such a curriculum as the one presented.

We bid our brethren God speed, and trust that, being under government control, their college may remain for many years "one and indivisible."

THE REDUCTION OF PHTHISIS AND THE COINCIDENT INCREASE OF INSANITY AND CANCER.

IN the leading article of this month's issue of the *HAHNEMANNIAN*, Dr. Dudley forcibly calls attention to the phenomenal and persistent decrease of mortality from phthisis in the city of Philadelphia; and refers to similar observations, although in a less marked degree, in the New England States. The same is true of other localities, especially of London, and England in general, where the death-rate from phthisis and other tubercular diseases, in the last twenty odd years, has been reduced one half. Coincident with this gratifying diminution in the number of cases, is the remarkable and alarming prevalence of cancer and insanity—the mortality from cancer alone having increased four-fold in the same period of time. As one of the causes of this great increase, it is suggested, that probably many who now escape phthisis eventually die of cancer, or lapse into insanity.

GLEANINGS.

GENERAL MEDICINE.

CONDUCTED BY

WM. W. VAN BAUN, M.D., AND FRANK H. PRITCHARD, M.D.

TYPHOID FEVER IN CHILDREN—Dr. Marfan states typhoid fever in children to be distinguished from that of adults by several particularities. It is especially rare in children before the fifth year.

General Characteristics of the Disease from the Seventh to the Fourteenth Year.—The beginning is more rapid and less insidious than in the adult. The fever soon reaches its acme, from the second day attaining 40° C. Vomiting, rare in adults, is the rule in children. Diarrhoea is nearly always lacking in the commencement; constipation is frequent. The fever is generally high, yet well tolerated; the morning fall is less marked, and there are no pronounced nervous symptoms as in the adult, violent delirium, coma or carphologia. The digestive disturbances are slight; the anorexia and the state of the tongue being the only signs. The tongue is characteristically typhoid, dirty yellowish coated, with red tip and margins; desquamation may commence at the tip and proceed posteriorly.

The digestive disturbances disappear quickly, the vomiting soon ceases, diarrhoea appears quite late, and is limited to two or three daily evacuations of a yellowish, peasoup-like appearance; at times, it may be replaced by constipation. Meteorism and local pain are but slight or completely absent. Hæmorrhage and perforation are absolutely exceptional. The "rose spots" are only met with in two-thirds of the cases, yet if present they may be very precocious and more marked than in adults. Relapses are more frequent in the child than in the adult, and the new elevation of temperature is accompanied by another skin eruption. The interval, however, will not be absolutely free from fever, the face expresses suffering, the tongue is not completely clean, and the pulse does not become slow. Desquamation is quite a frequent occurrence in infantile typhoid. It appears at the end of febrile period or later, twelve to fifteen days. It commences in the axilla, and invades the trunk, the roots of the extremities, and sometimes even the extremities themselves. Nevertheless, the face, palms of the hands and soles of the feet are never affected. These characteristics permit it to be distinguished from that of scarlatina. A child that has passed through typhoid fever may suddenly grow rapidly and excessively. Clinically, two forms are to be distinguished, the mild and the grave forms.

The mild form is notable for its short duration and the misrelation between the high temperature and the absence of nervous symptoms. The child feels moderately well in bed, and its functions are fairly well performed. It feels somewhat sick, and its nights are somewhat restless. The tongue is moist, the diarrhoea slight or absent, and meteorism is lacking. The bronchitis and congestion of the bases of the lungs are but little pronounced. The fever commences to decline from the fifteenth day, and apyrexia is complete by the twenty-first. Abortive forms of eight to ten days are often observed. The morning fall of temperature is usually quite marked—1.5° to 2°. The prognosis is favorable, the convalescence short and uneventful. Relapses, though frequent, are more frequent in this than in the severe form.

The severe form resembles that of adults. The same ataxic and adynamic asphyctic and nervous symptoms predominate, the same thoracic symptoms prevail, and the state of the tongue is quite similar. The temperature may suddenly fall to the normal or below, or defervescence. The mortality is much less than in adults, 8 to 100. An especially gloomy outlook may be prognosticated in the sons of alcoholic or neuropathic parents.

Though hæmorrhages and perforation are quite rare symptoms of meningeal irritation may supervene, which will absolutely simulate a meningitis. Lesions of the bones, as osteomyelitis or inflammations of the articulations, as poly- or mono-arthritis are frequent.—*Revista de Ciencias Medicas de Barcelona*, No. 7, 1890.

SOME USES OF CONCENTRATED CARBOLIC ACID.—Dr. Coffman employs concentrated carbolic acid in a number of manners. For example, he treats ganglion of the wrist by injecting five or six drops of liquid concentrated acid into the cyst without previous evacuation of its contents. The pain and inflammatory reaction are but slight and the cyst rapidly disappears. In cystic tumors of the abdomen he obtains the same results by injecting the acid through one of the vaginal cul-de-sacs up to one gramme in quantity. He treats hydrocele by injecting, without preliminary evacuation, four grammes of the acid into the vaginalis. This is repeated in eight days if the fluid is not completely absorbed. The patient can follow his occupation during the entire treatment, which is never over a month. In chronic arthritis of the knee he injects one ccm. of the acid into the joint, at intervals of eight days, with successful results in one month to six weeks. Finally, he succeeds in arresting the development of carbuncles by injecting five drops of carbolic acid at different parts of the swelling. If the carbuncle has already opened he cauterizes the fistulæ by small tents soaked in the concentrated acid and applies to the tumor a layer of cotton moistened with the pure acid, and over this lays a dressing of cotton wet with a boric acid solution or one of the bichloride. —*La Semaine Médicale*, No. 23, 1895.

DIABETES.—Worms concludes that in persons engaged in brain work and leading a sedentary life, the proportion of glycosurics was seven per cent. This conclusion he arrived at by examining the urine of 100 such persons, taken more or less at random. Further examination of the same series of patients have raised the proportion of diabetics to 10 per cent., which he gives as representing the average frequency of the condition in any series of 100 scientists, artists, business men, doctors, lawyers, etc., between 40 and 60 years of age. Bertillon's statistics have shown that diabetes is on the increase, the mortality from diabetes in Paris having almost doubled between 1883 and 1892. All the cases discovered by Worms in his investigations are examples of the milder type of diabetes, in which the glycosuria can be controlled by diet; the patients have no particular symptoms and with proper care may live almost indefinitely. As to the relative frequency of mild diabetes compared with the grave form of the disease, Worms quotes his own observations during the last thirty years. From 1863 to 1889 he had 41 cases under observation. In 1889 only three of these cases (one being a child) had died within two years of the discovery of the condition, giving a percentage of 7 per cent. of serious cases. Of the rest 22 still survive, among them being an old lady, aged 83, whom the author has had under observation for thirty-three years, and in whose urine he had found no sugar for the last two years, her health in other respects being excellent. He is inclined to think that the proportion of grave to mild cases of diabetes does not exceed 5 per cent. With regard to the question whether mere glycosuria is likely to pass into diabetes with cachexia unless care be taken, Worms is not prepared to give a decided opinion, but he thinks that too much importance should not be attached to moderate glycosuria, even persistent, which is accompanied by appreciable organic deterioration. He points out that even in those glycosurics who follow a fixed treatment and live always under the same conditions, the quantity of sugar varies within wide limits, great increase taking place under the stress of moral impressions or physical exertion. He cites many instances in his own practice in which diet and methodical treatment keep the quantity of sugar low or cause it to disappear for long periods, sometimes for years, even when the patient has returned to ordinary diet. It would, however, be rash to predicate cure in any given case. Worms having often seen glycosuria recur after long periods of absence of sugar. As regards treatment, he says that diet must be the foundation of any system of therapeutics, but it should be rigidly adhered to only at the outset, when the degree of reducibility of the sugar in the individual case is being tested; if kept up too long it does harm, and predisposes to coma. In the way of medication, he believes most in quinine. Treatment, he adds, succeeds best in patients who are not anxious about their condition, which is always aggravated by worry.—*British Medical Journal*.

GENERAL SURGERY.

CONDUCTED BY

WM. B. VAN LENNEP, A.M., M.D. AND H. L. NORTHROP, M.D.

ADHESIVE PLASTER IN ACUTE AFFECTIONS OF THE KNEE.—According to Semken (New York), the indications for treatment in both sprained ankle and sprained knee are similar, viz : (1) To place the injured parts at rest, in order to enable them to recover ; and (2) to give them proper support, that the reparative process may go on under the best possible conditions.

Immobilization, of great service in many cases, involves the use of cumbersome dressings, and the joint remains stiff for some time afterward. If we can apply a dressing which will have all the advantages of immobilization and none of its defects, we will have gained considerable.

Semken makes use of the following :

1. A number of strips of adhesive plaster, about three-fourths of an inch wide, and about eight inches long, are applied laterally and longitudinally on each side of the knee, the first strip being applied just behind the condyles of the femur, each successive strip overlapping the preceding one one-half

2. Next, a number of strips of the same width, about ten inches long, are applied, the first beginning below, on the left side, and curving over to the right side above ; the second, from the right side below to the left side above. The third strip overlaps the first one-half, the fourth overlaps the second, and so on, until the lower part of the patella is reached. It will be noticed that these strips protect the joint anteriorly, and also reinforce the lateral strips.

3. Beginning at a point three or four inches above the joint, a number of strips are applied, which encircle the limb three-quarters, each strip overlapping the other as above directed. They are continued down until the patella is entirely covered. The dressing is now covered by a roller bandage, and the patient instructed to walk about as much as possible. The popliteal space is left free, to permit venous return.—*American Medico-Surgical Bulletin*.

THE FINAL RESULTS OF CONSERVATIVE TREATMENT OF LOCAL TUBERCULOSIS IN CHILDREN.—Scheimpflug has made a study of sixty cases of local tuberculosis in children which were treated during the past two and a half to six years at the Coast Hospital at Rovigno. The majority of these cases were first treated according to the conservative plan, and later by operation. Deformities, necrosis, and profuse suppuration are indications for radical measures. Frequently, and especially in large cities, the local tuberculosis is but a manifestation of a constitutional disease, which may resist the most skillful measures. Such cases should be sent to hospitals in the country or at the seashore for nursing and improvement of the general health. The excellent results thereby obtained have led some to demand everything of this method. He concludes as follows :

1. The so-called conservative treatment of local tuberculosis in children should never lapse into a purely expectant one.

2. Mechanico-orthopædic, locally irritating and specifically acting treatment is, in spite of its eminent value, no complete substitute for operative means.

3. Treatment in city hospitals and dispensaries is insufficient.

4. Such cases should be under observation in institutions in the country or at the seashore, with a possible change for the summer into special hospitals or to a mineral spring

5. Hygienico-dietetic treatment in special institutions open the whole year, must be supplemented by mechanico-orthopædic and operative measures.

6. Operative treatment is only followed by a fortunate result where the morbid tissues can be removed and where there is no tendency to florid eruptions of the scrofulous diathesis. Operation is directly indicated where conservative measures fail or are too tedious to prevent general infection of the organism.—*Norsk Magazin for Lægevidenskaben*.

TREATMENT OF SOFT CHANCRES IN WOMEN.—v. Herff, after a number of experiments, has found carbolic acid to be the best local remedy in the treatment of soft chancres in women. In over one hundred cases he proceeded as follows : the genitals are cleansed with any appropriate disinfectant ; the ulcers, which are frequently numerous, are wiped dry with absorbent cotton and lightly touched

with concentrated carbolic acid, the excess of acid being removed with a tuft of cotton. Only when the ulcers are extensive, especially if in the vicinity of the clitoris or urethra, is cocaine necessary; otherwise, the pain is but slight and transient. After-treatment consists in sitz-baths, injections of solutions of permanganate of potash, carbolic acid, etc. In four to five days the ulcers will have cast off their chancrous appearance and commenced to cicatrize. Here and there may be one which will require a second application of the acid. Only rarely does the ulcer refuse to heal, in which case it may nearly always be diagnosed as syphilitic at a time when otherwise a differential diagnosis would be impossible. If the neighboring lymphatic glands are involved they, as a rule, diminish in size; only exceptionally is rest in bed and the usual treatment of buboes required. This method is simple, effective and does not interfere with the patient's occupation.—*Monatsschrift für Geburtshilfe und Gynecologie*, No 6, 1895.

INTRATESTICULAR INJECTIONS OF COCAINE IN HYPERTROPHY OF THE PROSTATE.—McCully has found that intratesticular injections of a solution of cocaine, repeated twice a week have the effect of reducing the volume of an hypertrophic prostate, thus completely replacing castration. In two patients thus treated he caused the symptoms attendant upon prostatic hypertrophy rapidly to disappear. The gland gradually decreased in size and the final result was a complete and lasting cure with retention of potency but, with complete absence of spermatozoa.—*La Semaine Médicale*.

OPERATIVE TREATMENT OF VARICOSE VEINS OF THE LEGS.—Parthos reports forty-one cases of varicose veins of the legs which were operated on according to Trendelenburg's method: ligation and division of the vena saphena magna. The operation is easily performed under local anæsthesia and the technique exceedingly simple. An incision is made along the vein and the vessel tied, a hand's breadth above the internal condyle. In thirteen of the forty-one cases another large vein was ligated besides. The patient then is kept for three weeks in bed, the leg elevated and a flannel bandage carefully applied daily. Varicose ulcers soon healed after the operation; only in five cases was excision necessary and that in very large ulcers. As to the final results thirty-two cases were permanently cured, nine had a recurrence, twice in consequence of decided degeneration of the trunk of the vein and seven times from dilatation of other branches. A repetition may be necessary and may be successful. This method has the advantage over that of Madelung, of being simpler and, at the same time, rational.—*Wiener Medizinische Presse*.

ADHESOL, A DRESSING FOR SUPERFICIAL WOUNDS.—Dufau, in the treatment of slight and superficial wounds, recommends a mixture of the following composition: Copal resin, 350.0; benzoin, balsam Peru, aa 30.0; sulphuric ether, 1000.0; essence of thyme, 20.0; alpha naphthol, 30.0. Mix. For external use. This liquid, when applied to the skin yields a thin pellicle, which is rendered antiseptic by the action of the naphthol.—*La Semaine Médicale*.

TO INJECT IRRITATING SUBSTANCES WITHOUT PAIN INTO THE SAC OF A HYDROCELE.—Nicaise, at a recent sitting of the Paris Academy of Sciences, advised the following procedure to avoid pain in injecting irritating fluids into the sac of a hydrocele: After the usual preliminary antiseptic measures, the hydrocele is punctured with a trocar, and about a third of the fluid is allowed to flow off, when from three to four ccms. of a 1 per cent. watery solution of cocaine are injected through the canula of the trocar. Then the sac is gently kneaded, and in four to five minutes the whole of the remaining fluid is allowed to flow out. Then, the tincture of iodine, either pure or mixed with a third of water, is injected, according to the age of the hydrocele and that of the patient. The sac is again gently kneaded, and in four to five minutes the iodine is drawn off. Only in this manner is the operation absolutely painless, and the danger of cocaine poisoning is almost nil.—*Wiener Medizinische Presse*.

CONGENITAL LUXATION OF THE PATELLA.—Appel states that in congenital dislocation of the patella there is a more or less pronounced deformity of the external femoral condyle, including the trochlear surface upon which the patella lies. In all these cases a careful examination of the external condyle should be made.—*Muenchener Medizinische Wochenschrift*.

GYNÆCOLOGY AND OBSTETRICS.

CONDUCTED BY

GEO. R. SOUTHWICK, M.D.

THE INFLUENCE OF MYOMAS ON PREGNANCY AND LABOR.—Hofmeier does not agree with Gussierow's statistics. He concludes, after a critical review of the subject, that the danger from hæmorrhage or from the interruption of pregnancy complicated by myomas is no more than in normal pregnancy. He advises patience in labor and to conduct it strictly aseptically. Danger seldom attends this complication. The best time for operation is not immediately after labor, but some weeks or months.—*Zeitschrift für Geburtshilfe und Gynækologie*, xxx., B. I. H., 1894.

THE TREATMENT OF CANCER OF THE UTERUS IN PREGNANCY AND IN LABOR—Theilhaber.—During pregnancy there is no benefit to be derived from the use of the curette, as in pregnancy recurrence takes place very soon. In the present standpoint of uterine surgery, if the cancer is operable, a radical operation should be performed without reference to the child's life. The intravaginal amputation of the carcinomatous cervix is limited to cases in the very earliest stages of development, and, as at this time there are no symptoms produced by the growth, suitable cases for the operation are very seldom seen. Supravaginal amputation of the cervix is to be condemned. Vaginal hysterectomy should not be performed after the fourth month of pregnancy without first emptying the uterus. Cæsarian section is indicated during pregnancy in the interest of the child when the cancer has progressed so far that the death of the mother is liable to occur at any time and the child is viable. The expectant treatment of labor is slow. Labor is long and tedious on account of weakness of the uterine muscle and on account of the resistance offered by the indurated cervix. If labor is too long continued the mother is in danger from laceration of the cervix, rupture of the uterus, death from exhaustion or peritonitis. Dilatation of the cervix is best performed with the fingers, and so far as possible the tumor should be removed. Forceps are applicable to a few cases. There is no reason why version with extraction, carefully performed under aseptic conditions, should be more dangerous than the forceps. If the cervix is well dilated and the head is fixed sufficiently in the pelvis, then the forceps should be applied; but in other circumstances version should be performed, if there are indications calling for delivery. Before performing either operation the vagina must be very thoroughly disinfected and the degenerating masses of cancer must be removed. The extraction of the breech must be performed very slowly and carefully if the cervix is imperfectly dilated. Perforation is indicated only on a dead child. If the child is alive the Cæsarian section is indicated and the subsequent extirpation of the diseased organ. If the cancer has progressed too far for its removal, Cæsarian section alone is the proper operation.—*Archiv für Gynækologie*, Bd. xlvii, H. I., 1894.

THE MANUAL FLEXION OF THE OCCIPITO-POSTERIOR POSITIONS OF THE FACE AND BROW—Thorn.—When the larger segment of the head has entered the small pelvis, placing the lying-in woman on her side corresponding to the child's chin, with her hips raised, will materially favor the operation. The hand corresponding to the child's back is then introduced into the vagina; the head is raised a little and flexed on its transverse axis by hooking two fingers over the occiput and drawing it down. The external hand presses from beneath up against the breast of the child. If the straightening of the child is successful, the breech moves over to the opposite side and a little towards the child's face, while the internal hand brings down and fixes the occiput in the pelvic brim. The rotation of the head on its transverse axis must be as complete as possible, so that the small fontanelle will be lower than the large one. If two fingers are placed well over the occiput, flexion will succeed easily as a rule, especially if ether is used. It is important to secure fixation of the head as soon as possible. Rupture of the membranes is an important aid to this, which will be furthered by the rapidly succeeding uterine contractions. This operation is more especially indicated in cases where the head is movable above the brim, labor prolonged without any disproportion of the pelvis, and neither mother nor child in any danger; if the occiput cannot be brought down, internal combined version can be performed.—*Zeitschrift für Gynækologie und Geburtshilfe*, Bd. xxxi, H. I., 1894.

MONTHLY RETROSPECT

OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY

CLARENCE BARTLETT, M.D.,

FRANK H. PRITCHARD, M.D., AND F. MORTIMER LAWRENCE, M.D.

TREATMENT OF VARICOSE VEINS.—Dr. Mossa presents, in the treatment of varicose veins, the following remedies as especially indicated :

Pulsatilla.—This remedy acts upon the vascular system, and, above all, relaxing the right side of the heart, the veins and the capillaries; therefore, the relief which even a chilly and anæmic *pulsatilla* subject experiences in the cool open air and the aggravation from warmth. There is the characteristic dread of overheated and warm rooms in this patient, for the veins dilate, produce oppression of respiration, and slow the heart's action.

Hamamelis Virginica.—This drug much resembles *pulsatilla* in its action, yet the majority of observers regard it as superior in this affection. Internally and externally it has frequently cured varicose veins. Experiments on animals have demonstrated that the drug will cause dilation of the bloodvessels, with blood stasis and its consequences. The characteristic symptom is a sensation of soreness in the affected part. This feeling of soreness is not that of an injury, as with *arnica*, nor the exquisite painfulness of lachesis, neither the stinging pain of *apis*, but it is one which comes from venous congestion. Thus it is of service in pregnant females with varicose veins of the abdomen, where the patient finds walking painful on account of a feeling of soreness in the varices.

Lycopodium.—This drug is also of value where the seat of the disease is to be sought in the liver. The veins are swollen and enlarged, and especially those of the right side of the body and the corresponding lower limb. The characteristic mental symptoms, with irritability and impatience, are also to be considered in its choice. Varices of the genitals, and especially on those of pregnant women, indicate *lycopodium*.

Fluoric Acid.—In some provers this remedy caused small varicose enlargement of the veins at different portions of the body, and it has been found efficacious in venous tumors-angiomata-naevi, as well as in varicose veins of the legs.

Carbo Vegetabilis.—This remedy is indicated in varices of the arms, legs and even of the female genitals. They have a livid appearance, as from long-standing blood stasis, and have a great tendency to undergo suppuration. The resulting varicose ulcers are mostly indolent, with burning pains. The surrounding tissues have a characteristic marble-like appearance (*thuya*), which is due to stagnation in the capillaries and the smaller arterioles.—*Allegemzine Homœopathische Zeitung*, Nos. 25 and 26, 1895.

NUX VOM. AND BELLADONNA IN ALTERNATION IN CONGESTION OF THE SPINAL MENINGES.—Dr. Lambrechts had under treatment a man of forty-two years for gastro-hepatic disturbances following alcoholic excesses when he was suddenly seized with paraplegia with retention of urine. For several days he had experienced pain in the lumbar region, which radiated into the lower limbs, and also was attended with formation, when one morning, on attempting to rise, his legs refused to support him. Sensibility was diminished. The patellar reflexes were augmented, micturition difficult; there was constipation, a regular pulse with a normal temperature, while the lower extremities presented slight contractions. Under the influence of *nux vom.* and *bell.* a noticeable improvement was manifest after the first week. The remedies were continued, and at the end of a month all the symptoms had disappeared. His gait is now normal and he even proposes to try cycling.—*Journal Belge D'Homœopathie*, No. 3, vol. ii., 1895.

A FEW REMEDIES IN TYPHOID FEVER.—Dr. P. Jousset of the Hôpital St. Jacques, Paris, states the following remedies to be regarded as the principal ones in the treatment of typhoid fever :

Acidum Muriatricum.—Fever, tympanites with prostration, diarrhœa and involuntary stools.

Phosphoacidum Phosphoricum.—General weakness, diarrhœa of a colorless fluid, etc.

Belladonna.—Delirium, agitation, face red and congested, etc.

Stramonium and carbo vegetabilis are also occasionally indicated.

In intestinal hæmorrhages ipecac. 1x is considered as the best remedy.—*Ibidem*.

THE POSOLOGY OF SULPHUR.—Dr. H. Goullon, speaking of the proper dosage of sulphur, advises beginning the remedy with low potencies, though in higher and high attenuations it will readily cure dangerous diarrhœas. In eruptions, and especially in pernicious forms of face and scalp eruptions, low potencies are necessary. For example, a baby of eleven months who, until the ninth month, had been healthy, but during teething had begun to suffer from an itching and dry eczema of the scalp, which later became moist and spread over the forehead and the ear. There were also scattered pustules which discharged a yellowish fluid. Sulphur in the first centesimal trituration was prescribed after the sixth had failed. In a week the eruption had greatly disappeared, the second week it nearly entirely had vanished, and a month and a half after he was entirely well and the joy of the family. Similar results may be obtained with spiritus sulphuratus.—*Zeitschrift des Berliner Vereines Homœopathischer Ärzte*, Bd. XIV., Hft. II.

LILIUM TIGRINUM IN RHEUMATIC ARTHRITIS.—Dr. Pinart observed a woman of thirty years who suffered from pain in the shoulder joint, rendering it impossible to move the arm. Acon. and bry. were administered in vain. Liliun tigrinum 3x was then administered, and a cure was obtained in five days.—*Revista Homœopatica de Barcelona*, No. 2, 1895.

SULPHUR IN ROUND AND PIN WORMS.—Dr. Schwabe, of Leipsic, Germany, recommends sulphur as a vermifuge, prescribing the second dec. trit. or the tincture, five to eight drops in a teaspoonful of water twice a day. The tincture should be freshly prepared.—*Journal Belge D'Homœopathie*, No. 3, vol. ii., 1895.

CHLORINE WATER IN ASTHMA.—Dr. Whitman recommends warmly chlorine water in asthma as a palliative in the treatment of the paroxysm that relief may be obtained if one be in doubt and time is desired to study up the case. Though he has employed it only a few times, he has always been successful. He commences with ten drops, then in five minutes follows with twenty drops more, and then, after the same time, a half teaspoonful, always giving it in a little water. It acts as a palliative and greatly facilitates expectoration.—*Ibidem*.

THE THERAPEUTICS OF INFANTILE CONSTIPATION.—In conjunction with enemata of water or glycerine and a laxative dietary, Dr. R. K. Mitchell suggests the following remedies :

Nux vomica is the very first remedy to be consulted. Constipation with frequent and ineffectual desire for stool ; stools large and difficult or small and frequent, with much colic ; gastric derangement.

Bryonia.—Obstinate constipation ; stools large, hard and dry, as if burnt, expelled with great effort ; dry lips and mouth ; soreness of stomach and head.

Hydrastis.—Constipation with hæmorrhoids ; ulceration of rectum, ulcers and fissures of anus ; prolapsus of rectum, especially in children. "A precious remedy" is the language of Hughes. Dr. Mitchell recommends the tincture or 1x.

Sulphur, "the king of remedies," is an invaluable one in constipation, hæmorrhoids and various conditions of the rectum. It is especially useful in children who are subject to eruptions upon the skin ; soreness of the anus.

Podophyllum.—Constipation ; stools clay colored ; deficient liver action ; prolapsus ani.

Alumina.—Rectum seems paralyzed ; inactivity of the rectum ; a soft stool requires great straining ; constipation of nursing children.

Lycopodium.—Red sandy urine, the sand is seen in the diaper ; rectum contracted and protrudes during hard stool.—*Minneapolis Homœopathic Magazine*, October, 1895.

THE TREATMENT OF HABITUAL CONSTIPATION.—According to Dr. Conrad Wesselhoeft, diet alone will cure in most cases, medicine alone in none. If any one should ask for the medicine most frequently indicated, the answer would be *nux vomica* and its derivatives, which, owing to their greater equality of action, he prefers to the tincture of the nut. There is no standard dilution or trituration potency. While it may be used up to the 20th decimal, its useful action lies somewhere between the 2d and 5th decimal trit. or dil. As in all cases of this kind, it is easy enough to select the right medicine; but the greatest difficulty lies in the determination of the quantity of the dose, its method of preparation, and, above all, of the frequency of its repetition. It would be hazardous to use a medicine like *strychnia* below the 2d decimal, especially in frequent repetition, and it would be useless to give it much above the 5th. Too frequent repetition is useless in chronic cases; but repetition at long intervals of from twelve to twenty-four hours is both necessary and safe.

What has been said of *nux vomica* or its derivative, *strychnine* and *strychnia sulphurica*, also applies to many other medicines, whose choice, if governed by the symptoms present, is not extremely difficult. As far as the symptom of constipation is concerned, next to *nux vomica*, there are chiefly *antimonium crudum*, *bryonia*, *conium mac.*, *calcarea*, *graphites*, *ignatia*, *lycopodium*, *mercurius vivus*, *opium*, *plumbum*, *sulphur* and *zincum* which have a bearing on that symptom.

These medicines should be selected with a regard to the mental state of hypochondriacal introspection; several of the above-named medicines, besides some others, are prominently related to this symptom, e.g., *arsenicum alb.*, *aurum mur.*, *argentum nitricum*, *calcarea*, *conium*, *ignatia*, *natrum c.*, *nux v.*, *pulsatilla*, *phosphorus*, *platina*, *sulphur*, *zinc*, etc.

Melancholic depression of spirits is found in *arsenicum*, *aurum*, *cimicifuga*, *helleborus*, *kali brom.*, *platina*, *pulsatilla*, *verat. album.*, etc.

Constipation of aged persons indicates *antimonium crud.*, *opium*, *phosphorus*, *sulphur*, *lycopodium*, etc.

In cases of cessation of fecal discharges resembling that caused by intussusception or twisted bowels, *nux v.*, *opium*, *sulphur*, etc., are of use if the obstruction is not organic, but due to functional laxity or inactivity of the bowels.

The variety of gastric disturbances of a neurotic kind combined with costiveness being almost endless, it will not favor our efforts to adapt a remedy to every possible variety and combination of the above-named symptoms, but rather to select our remedies on broader grounds and from not too great a variety of medicines.—*N. A. Journal of Hom.*

TANACETUM FOR EPILEPSY.—Dr. W. H. Pierson reports the case of a woman who took a couple of drachms of oil of *tansy* to produce abortion. It failed, but throughout her pregnancy she suffered from convulsions, mixed tonic and clonic, characterized by frothing at the mouth and clenched hands, with the thumbs in, and followed by exhaustion and a short coma. Since then he has treated every case of epilepsy in his practice with drop-doses of fl. ext. *tansy* on sugar 4 t. d., with marked relief. The young woman has had no relapse for a year and a half, and has been able to resume work—book-keeping.—*N. A. Journal of Hom.*, October, 1895.

GLONOINE IN HEADACHE AND AMENORRHOEA.—Dr. Frank W. Murphy records the case of a young woman, aged 24, who for five years had missed menstruating every summer, and been subject, during the heated season, to intense headaches. Upon the return of cool weather she enjoyed the best of health. This headache awakened her at sunrise, grew worse until noon—making her frantic—then gradually ameliorated, and at sunset disappeared until next day. The pain was in the temples and vertex, with throbbing and feeling as if the head would fall in pieces; the pulse was full and hard, the temporal arteries raised like cords. Cured with *glonoine* 3x. Note the effect on menstruation; was it merely a coincidence?—*N. A. Journal of Hom.*, October, 1895.

LACHESIS IN INTRAOCULAR HÆMORRHAGES.—Hæmorrhages into the anterior chamber, into the vitreous, into the retina and into the choroid, whether of spontaneous origin or dependent upon various diseased conditions, have all been seen to speedily disappear under the use of this remedy. The general indications are of more value in the selection of this drug than those relating only to the eye.—*Hom. Eye, Ear and Throat Journal.*

THE HAHNEMANNIAN MONTHLY.

DECEMBER, 1895.

THE CLIMATE OF PHOENIX AND THE SALT RIVER REGION OF ARIZONA.

BY W. LAWRENCE WOODRUFF, M.D., PHOENIX, ARIZONA.

THE inquiries about Phoenix and the Salt River Valley as a health resort are becoming so numerous that I take it the profession at large will welcome *facts* concerning this valley, and facts only I will endeavor to state in this article. My aim is to cover the ground fully with the most reliable data attainable.

Phoenix and the Salt River Valley are situated in latitude 33° north in the southwest quarter of Arizona. The valley is from five to seventy-five miles wide, and about two hundred miles long, and throughout its entire length and breadth has a climate claimed to be the best in the world. To rightly appreciate the claims of this valley as a health resort, we must for a moment look at the physical geography of this region. There are high mountain ranges to the north and east, also the Sierra Nevada and Coast Ranges to the west, with a short spur of low mountains to the south. The high mountain ranges protect this section from all cold winds, and to this protection from cold nature has added yet another feature, which is mainly the cause of the

phenomenal climatic conditions found in this region, namely, proximity to the Gulf of California. The Salt River Valley, with the Gila Valley, its extension to the southwest, is an open valley with continuous mountain chains of more or less altitude on either side, and practically maintains these characteristics clear to the head of the gulf. The Gulf of California, with the Coast Range on its west to protect it from cold northwest winds, and a lower mountain range east of it, is so situated that it catches and retains the warm winds and ocean currents from the Indian Ocean and the equatorial Pacific, and passes them up to the head of the gulf, and, consequently, is largely responsible for the warm, mild winters. It will be seen by the above how nature has provided a channel whereby in this southwest corner of the United States she has reproduced a climate tropical in all its essential parts, with none of the drawbacks of the tropics, namely, excessive humidity and malaria. Here, right in our midst, nature has given a climate as mild and balmy as that of the tropical Pacific Islands, and with the same even temperature, and at the same time at an altitude of only eleven hundred feet, a dryness of atmosphere equalled by few localities and excelled by none other in the civilized world. It will now be understood how a climate that seldom gives a temperature at the freezing-point, with rarely a cloudy day (there is less than one in ten during the winter, and for weeks at a time during the summer there is not a cloud in the sky), is possible at this latitude. Here is found every element that goes to make up a perfect climate. The best proof on this point is the exceptionally low death-rate, which is $8\frac{11}{100}$ per 1000 inhabitants. This sun-kissed valley has but two seasons—the winter season, which is a happy blending of fall into spring, and the summer, which commences about May 1st and continues until about October 1st. The summer days are bright, clear and hot, with a maximum daily temperature ranging from 96° to 112° . It is as rare for the mercury to go above this in summer as it is rare for it to go below the freezing-point in winter. There is usually some little rain in the latter part of July or during August, usually in showers, possibly averaging an inch of rainfall during the summer season. To rightly appreciate the effects of the summer heat, one must recognize the difference between a wet- and a dry-bulb thermometer. The difference is usually from 20°

to 30°. Here the reading of the wet-bulb gives our actual sensible heat, while in more humid countries the reading of the dry-bulb is so nearly like that of the wet-bulb that the difference is rarely perceptible. The average humidity is only about 30 per cent. for the year, and there are weeks at a time during the summer when it will run far below this point. This is the reason, coupled with the fact that there is always a gentle breeze stirring, why our summers are not only endurable, but, in fact, do not cause as much discomfort or prostration as is experienced in other parts of the country. The summer months are the healthiest of the year. During these months the death-rate is only one-third of one per cent. Bowel troubles and fevers are almost unknown during the heated term, there being less than two deaths per month from all forms of bowel troubles among infants in a population of 14,000. Is there another place in the world that can make such a showing? During these months perspiration is very copious, and, owing to the very dry air, evaporation is instantaneous and a material aid to comfort. With this statement the fact will be readily understood that rheumatism, kidney diseases and diseases of the respiratory tract make their greatest improvement during this half of the year. This is especially so with persons suffering from insomnia and nervous prostration. Sunstroke is unknown, and it is as safe for people to come here during the heated term as at any other time of the year.

Now as to the winter months. The visitor will find the days balmy, dreamy, restful; the air pure, dry, bracing; the nights cool and delightful. Save during the rainy season, it is perfectly safe and comfortable to be out of doors day and night. The rainy season usually lasts a week or so, and the rainfall is not heavy. The annual precipitation is something less than seven inches. The following table shows the maximum temperature for a period from December 31, 1894, to January 9, 1895, inclusive, at several places. An examination of this table will show that Phoenix has the most even temperature of all the places named, with but two exceptions, one being Cairo, Egypt, whose highest temperature is 65 degrees—but one degree above our lowest, 64 degrees—and Malta, with 59 degrees as the highest point reached, being 5 degrees below our lowest point. These two places—as, indeed, do all the rest named—have a damp, moist

atmosphere, which greatly increases the perceptible difference in the range of temperature.

This valley has everything that goes to make up a perfect winter home. It has the minimum of rainfall—7 inches per annum; second, the minimum of atmospheric moisture—30 per cent. humidity; third, it has the minimum of air movement (its annual average is less than $2\frac{1}{2}$ miles per hour, and is generally from the southwest; fourth, the minimum of death-rate, being but $8\frac{11}{100}$ per 1000 inhabitants; fifth, the minimum of

DATE.	Phoenix, Ariz.	Los Angeles, Cal.	Jacksonville, Fla.	Tampa, Fla.	St. Augustine, Fla.	Hot Springs, Ark.	Nice, France.	Malta.	Cairo, Egypt.	St. Moritz, Switzerland.	Rome, Italy.
December 31, 1894..	74	61	44	60	28	39	51	59	65	50	44
January 1, 1895.....	74	63	49	60	28	49	53	59	65	50	39
“ 2, “	68	61	60	58	52	49	53	59	65	48	35
“ 3, “	72	61	60	68	60	50	46	52	65	57	35
“ 4, “	70	55	61	52	50	50	46	57	63	52	35
“ 5, “	68	55	54	62	52	49	44	54	64	52	28
“ 6, “	70	53	62	62	52	49	46	54	63	57	...
“ 7, “	68	57	75	62	52	49	42	54	65	50	41
“ 8, “	65	62	74	62	68	48	41	59	64	42	39
“ 9, “	64	68	68	78	63	49	50	54	64	42	39
Range of Temp. for the 10 days.....	10	15	31	26	40	11	12	7	2	15	16

malaria, there being none; sixth, low altitude—1100 feet above the sea-level; seventh, the maximum sunshine—an average of 9 days out of 10 of bright sunshine, when out-of-door life is enjoyable and healthful. We have here within easy reach and within the bounds of our own country, all the merits ascribed to Italy or Egypt, with none of their drawbacks. We have all that Florida enjoys, with none of her moist, sticky atmosphere and none of her malaria. We have the same balmy air and even temperature of California, without her fogs, dampness or malaria. We have the same dry, bracing air that has Colorado, without her blizzards and high altitudes. We have all, and infinitely more, of all the good things claimed for these localities, without their unfavorable conditions. There may be a few localities where the actual difference in temperature between day and night is less than in the Salt River valley, but these places have much greater humidity. As in summer, so

here in winter, with our very dry air, the perceptible difference between day and night temperatures, and the actual discomfort experienced thereby is much less than is the case in localities with more moisture in the air. Situated in the midst of this valley, about 150 miles from the head of the Gulf of California, 1100 feet above sea-level, lies Phoenix, the capital of Arizona and the metropolis of the Salt River valley. It is the healthiest city in the known world, and is surrounded by a prosperous and constantly growing farming community. It has all the modern improvements and the snap and vim of the young metropolis. Her citizens are quiet, peaceable and law-abiding, and ready to receive with true hospitality those who seek her perpetual sunshine. The town is making a phenomenal growth, in spite of the hard times, and will soon have the best of accommodations for the health-seeker, who will find the pure, dry, warm, health-giving air free for all.

The following comparative mortality table shows the yearly deaths in 1000 inhabitants in the cities named. It will be noticed that Phoenix stands at the head of the list. Phoenix, Ariz., $8\frac{11}{100}$; Los Angeles, Cal., $14\frac{40}{100}$; Long Branch, N. J., $9\frac{88}{100}$; Atlantic City, N. J., $18\frac{38}{100}$; St. Paul, Minn., $9\frac{60}{100}$; Minneapolis, Minn., $9\frac{40}{100}$; San Bernardino, Cal., $11\frac{30}{100}$. There are no public records from which an accurate table of vital statistics can be compiled. The records of the undertakers in the territory named are accurate and complete for the past three years, and include, with very few exceptions, all the deaths in that territory during the period covered. These records have been kindly placed at my disposal, and from them I have prepared the following table with a great deal of care. For all practical purposes it is accurate and reliable.

The following statement will illustrate the general healthfulness of this valley under one set of conditions :

PHOENIX, September 28, 1895.

DEAR DOCTOR : I have been working large gangs of men in construction-work of different kinds, for the last fourteen years, in the Northwest and in Canada. Last spring, I brought in a large gang of men from Minnesota, and for the last six months have been working them with others in your valley, and never, in all my experience, has the percentage of sickness been so low as during these past six months.

Signed, S. R. H. ROBINSON,
Superintendent Minnesota and Arizona Construction Company.

Vital statistics of that part of the Salt River Valley north of the Salt River, west of the Verde and east of the Agua Fria, covering a territory of 250 square miles, and including the city of Phoenix. The population, on a conservative basis, at 14,000.

	1892.	1893.	1894.	Total.
Total No. deaths.....	133	185	168	487
Transients.....	29	38	41	108
Accidental deaths.....	10	15	7	32
Among residents.....	94	132	120	346
Percentages—fractions 1 per cent.....	$\frac{3}{4}$	$\frac{8}{9}$	$\frac{6}{7}$	$\frac{5}{7}$
<i>Classified by Ages.</i>				
Deaths under 5 years of age.....	28	59	33	120
Deaths over 70 years of age.....	12	8	13	33
Deaths over 50 years of age.....	31	32	36	98
<i>During the Summer Months of May, June, July, August and September.</i>				
Total.....	41	75	54	170
Transients and accidental.....	8	21	13	42
Residents, from natural causes.....	33	54	41	128
Percentages—fraction 1 per cent.....	$\frac{1}{2}$	$\frac{2}{3}$	$\frac{1}{3}$	$\frac{1}{3}$
Under 5 years of age.....	6	23	13	47
Under 5 years of age, of bowel troubles.....	6	11	9	26
<i>Causes of Death.</i>				
Stomach and bowel diseases.....	10	30	21	61
Nervous and brain diseases.....	17	8	4	29
Typhoid fever.....	2	4	4	10
Scarlet fever.....	1	3	0	4
Measles.....	0	4	0	4
Diphtheria.....	0	5	2	7
Heart disease.....	8	1	7	16
Diseases of respiratory organs.....	50	73	61	188
Old age.....	4	4	6	14
All other causes.....	40	56	58	154

NOTE—Deaths designated as transients are only those of persons who have been here but a brief period prior to their decease, they coming as a *dernier ressort* in the advanced stages of diseases of the respiratory organs.

A large proportion of those claimed as residents ought to have been included in the transient class.

Now, as to diseased conditions: Asthmatics usually receive prompt relief and a permanent cure. The dry, warm air, and low altitude agreeing with them perfectly. If there is a recurrence, it is during the rainy season, and is usually but slight, to disappear again as soon as the usually dry atmospheric conditions prevail. This is equally so of aphonia, bronchitis, and laryngitis; and, in fact, of all diseases of the respiratory organs. Tuberculosis, by the dry, hot air of summer, is checked in its

development ; and, if the patient is not in the last stages, a continuous residence under these favorable conditions, will greatly prolong life, and often eventually bring about a cure. Let me say here, if the patients have entered the last stage of the disease, in the interest of humanity keep them at home. This cannot be emphasized too strongly. There they will have more comforts, and the radical change of climate, with the long and tiresome journey necessary in reaching here, only tends to materially hasten the end. During the winter months, this class of patients, in common with all others, may reasonably expect to hold their own, and usually make substantial gains. It will readily be perceived, by a careful perusal of this article, that there is greater reason to expect beneficial results in all diseased conditions from a sojourn in this climate, than in any other winter resort. While this is undoubtedly so, it is equally true that the hot, dry air of summer produces the best results. In heart diseases we find the cooler weather of winter the most beneficial. In some cases the reverse is true. The hotter and dryer it gets, the more comfortable the patient becomes. This is especially so where the disease is complicated with diseased kidneys, or a rheumatic diathesis. Catarrhal conditions of head and throat are most relieved during the summer, especially the moist varieties. Diseases of the digestive tract, dyspepsia, chronic dysentery, and diarrhœa, do exceedingly well here, and are usually promptly relieved. This is doubly true during the hot months. The summer conditions, of high temperature and low humidity, cause a determination of blood to the surface, and for months at a time maintaining it there, thereby entirely relieving all internal congestions. Kidney troubles are so prevalent I must not forget to mention, that during the heated term the kidneys excrete less than one-half of the normal quantity of urine. During this period of rest, the unloading of the effete material of the system is carried on by the sweat-glands of the skin, and a healthy equilibrium is maintained. This continuous high temperature and very dry air keeps the blood at the surface, thereby making the sweat-glands very active. Perspiration is constant and copious, and, by its instant evaporation, keeps the surface cool and the bodily temperature at normal. These conditions are very advantageous to diseased kidneys, giving them a much-needed rest, and an opportunity to recu-

perate. When to this is added, a drinking-water pure, wholesome, and devoid of all alkali, it is easily understood why this valley is fast getting an enviable reputation for the alleviation and cure of all forms of this disease. In rheumatic affections, while in winter they are made very comfortable, it is in summer that the constant free perspiration maintained for months without ceasing, entirely eliminates from the system all morbid material. In diseases of the nervous system, so prevalent in this age, this climate is a true panacea. This is especially so of persons suffering from insomnia and nervous prostration. Here, again, the best results are during the summer months. The universal verdict is, "I have nowhere else slept as I do here." This is the universal expression. The tired-out starved nerves, over-worked and over-wrought, experience in this balmy air the perfect relaxation and rest they so long have been in need of. The dry, hot air of summer seems to quiet the nervous system, is soothing, restful, and when to this a voracious appetite is added, with perfect digestion, which is the only epidemic during this season, the results are understood without further elaboration. Finally, the perfect summer nights soothe and rest one's nerves as does nothing else in all the world.

A CONSIDERATION OF SOME OF THE BASIC PRINCIPLES FOR THE
THERAPEUTIC INDIVIDUALIZATION OF CASES OF
PHTHISIS PULMONALIS.

BY EDWARD R. SNADER, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society of the State of Pennsylvania.)

A PHYSICIAN asked me a few days ago the following question: "Doctor, how do you treat phthisis pulmonalis?" This question proved a poser. I replied, "Well, I can hardly tell you. I try to individualize my cases very closely. I may not treat any two patients quite alike." Now this question set me to interrogating myself mentally as to the reasons that led to such close individualization. I, of course, realize that every successful and busy physician is more or less of a routinist, and in special conditions has a group of pet remedies that his clinical experience has led him to believe are "sheet-anchors," and I

presume that I am personally no exception to the general rule, and I believe I am open to the charge of routinism. However, I realize most fully that my most happy therapeutic results have been achieved by a scrutinizing analysis of my cases and thorough individualization. But, I believe I am less of a routinist in the treatment of consumption than of any other widely-prevalent malady. While it is true, that there are certain procedures of recognized therapeutic value that I resort to in the great majority of cases, I still have no "cut-and-dried" methods upon which I place more or less exclusive reliance. It may seem strange that in a disease having essentially the same pathological factors in all individuals suffering from phthisis that no definite line of treatment can be confidently formulated. The individual is greater than the disease. The disease may be greater than the individual. While the pathological changes may be identical practically in all cases—the extra, the outside, the personal conditions of the patients, not infrequently make the patient more important than the lesion, in a therapeutic sense. The pathological factors making up the clinical picture of phthisis pulmonalis may be attacked directly or indirectly—the lesion may be assaulted, or the individual may be rendered less pervious to the inroads of the destroyer. In certain cases both the direct and indirect methods of treatment must be resorted to. Certain symptoms in the course of the malady at times so dominate the case, that, for therapeutic purposes alone, they become, for the time being at least, the disease itself. The question will often arise as to how much or how little therapeutic attention shall be given associated maladies. It is seldom, indeed, that a pure case of consumption comes under one's observation. The same depraved nutritive state that permitted the harboring of the germ or aided in excessive proliferation of alveolar epithelial cells, by furnishing a soil for the pulmonary disease, also permits of the existence of other diseases and materially assists the downward progress. These associated conditions may have preceded the development of the lung disease or may accompany the disorder, or develop at a late stage. In other words, at any stage, a consumptive is a frail being at best, and is liable to a multitude of ills outside of the pulmonary sphere, and these conditions may determine the treatment of the case. In the vast majority of

cases, in my judgment, it is not sufficient to simply take into consideration in the prescription of drugs and the regulation of the manner of life, the fact that a given patient has phthisis. The whole individual must be studied, and his life regulated by a rule that is applicable alone to the particular individual, by a rule, too, that may have to be altered in essential particulars from day to day. There must exist a "sliding-scale" of therapeutic procedures for each individual, a gamut upon which numerous health scales can be run. Certain rules are imperative; but all rules must possess flexibility and adaptability to individual needs. One day a flexible rule must become imperative, the next day the imperative rule may have to be "more honored in the breach than in the observance."

Hypernutrition, the removal of the systemic soil state, the favoring of fibrosis, exercise, rest, and the control of the typical symptoms of the malady, form the fundamental considerations that demand therapeutic interference.

Malnutrition is the foundation stone upon which the disease erects its symptomatic superstructure. The finger-marks of malnutrition may not always be apparent. Yet, if it be admitted, and the whole consensus of medical thought justifies us in admitting the proposition, that malnutrition is the causal element that furnishes the substratum of the soil that permits of the resting of the tubercle bacilli in the lungs or of the break-down of the pulmonary parenchyma from disease of its epithelial lining or connective tissues, an abnormal sub-par state of nutrition must be assumed as existing in those cases that present no obvious evidences of malnutrition. Assuming then, for therapeutic purposes, the existence of a systemic soil of malnutrition prior to and co-extensive with the development of the lung malady, it is easily obvious that the alteration toward the normal of the nutritive state is the cardinal indication for the treatment of phthisis—far more important, indeed, than the slaughter of the germs by germicides, even if we could find a germ-killer that would do far less harm than good. All the hordes of bacilli that could be packed into the pulmonary parenchyma could do no harm if the nutritive state did not permit of the residence and propagation of the army of germ invaders. It is more than apparent, then, that the soil is the key-note of the destructive power of the disease. But, how to

change the soil? That is the question. Hypernutrition! hypernutrition! hypernutrition! you reply. Yes, it is true that hypernutrition is the best way to secure the desired change of soil. But there is more in the subject of nutrition than we wot of. Chemistry teaches us much, empiricism much, clinical experience more, and physiology more; but chemistry and physiology do not teach us all. There is something inscrutable, untouchable, unseeable in nutrition that we cannot reckon upon. There are some vital facts connected with the subject that are not knowable. We can see the phenomena of digestion as we can see the figures in a civic parade pass by us in review, but we cannot tell the real acting, instinctive force moving each separate figure of that physiological or civic parade. In other words, we see the moving phenomena, but we do not know all the vital-moving elements that lead up to the result. The nutritive state of an individual may defy all analysis—we may mistake the link in the chain of chemical changes that take place after food enters the economy. We cannot be blamed for this powerlessness either, for in some cases only an inspired guess can lead us to a solution of a problem of nutrition. If we could measure exactly the steps of the *vital* act of nutrition, and weigh the secret chemism of metabolism, we could score many a triumph against death.

Personally, it has seemed to me that the assimilative function is the most affected in cases of malnutrition. You can pile pre-digested food into some individuals without the slightest perceptible effect in producing an improved nutritive state. These prescriptions of prepared foods are apparently all right chemically, and seem to fulfil all the physiological necessities demanded of a material we call a food, yet the "nutritive" does not act as food; in fact, foods sometimes act as positive poisons. Loss of appetite is a very common symptom of phthisis, indeed, in all stages. Sometimes this symptom is dependent upon a symptom of the disease, as high fever, but loss of appetite is not always to be explained by the presence of the disease or the temporary predominance of one or more of its salient symptoms. At times I have believed that this anorexia was a protest on the part of nature against food—a declaration that she was unable to handle foods. It has seemed to me, in some cases at least, that the end of the digestive act was the faulty

portion of the vital process—that assimilation was imperfect. While food, and particularly predigested food, seemed to be indicated, I have asked myself why give a predigested food if the fault lies in the inability of the system to assimilate the food products. Am I not, by giving such foods, really poisoning my patient by overburdening the emunctories and eliminative functions, and instead of helping him, absolutely pushing him deathward? Waste products are certainly poisonous, and what is unassimilated food but waste?

My aim in this class of cases has been to stimulate the eliminative process. I have not relied upon drugs to do this, but have adopted a plan that I call “limited starvation.” For instance, I will starve a patient until all his tissues cry out loudly for food. I put him upon a single article of food, generally boiled beef, with the essence. Whenever meal time comes he gets boiled beef. He doesn’t take much for the first day or two. I keep him on this diet for a variable period, generally from four days to a week. By that time he is usually as hungry as a horse, and will eat anything with a relish. Just here the patient must be held in check, or, in many instances, he will gorge himself. Here, too, I ply my prepared foods with vigor. In many cases the nutritive results are all that can be expected. Many patients are urged to eat too much. This is a great mistake. Some of our patients have been trained in Puritanical households, where they are expected to “clean their plates,” for fear that some day they will need the food they “wastefully” leave upon their platters. Other housewives insist that the patient shall be stuffed. It is my teaching that every single mouthful that is not relished is a positive injury. Where the appetite is very poor, I let my patients have a few mouthfuls every four hours. I do not deem it advisable to make the intervals shorter than this. The stomach and intestines must have sufficient time to carry on their part of the digestive act without having a new quantity of food thrown upon them before they have handled the first meal. I have no hard-and-fast rules for the kind of food to be taken. The only restriction I place upon them is to tell them to eschew any food that *always* causes distress. If a food occasionally causes distress, I do not proscribe it. The stomach is quite able to digest food of a certain kind that a day before it could not dispose of

successfully. The stomach has its ebb and flow of functional power as have other organs; it is not always the same in power and capacity. The lopping off of article after article of food ultimately leaves the patient on a diet that may, it is true, sustain life, but is too limited to assist in the repair of injured parts or raise a high standard of nutrition.

Loss of appetite, however, is often dependent upon other factors as well as those enumerated. If there is associated gastro-enteric catarrh, it is of infinite importance that the process receive therapeutic attention. Constipation may need relief, and regular bowel movements need to be secured in some instances. Not only must the intestines carry off their proportion of waste material, but the kidneys also must do their share of the work. Next in importance to the lack of assimilative ability as a cause of loss of appetite, stands imperfect elimination of the product of tissue-waste. The bowels, the kidneys, the skin must all contribute to the removal of effete material. Deficient elimination, in my opinion, is responsible for a good many cases of malassimilation. If the kidneys, bowels and skin fail to perform properly their eliminative functions, the toxic material remains in the system, and must interfere seriously with all bodily functions. Attention to these points I consider in connection with the problem of how to induce hypernutrition, because I believe it impossible to feed a body successfully unless you at the same time make ample provision for the removal of the waste resulting from metabolic processes. If I cannot secure proper bowel movements by the judicious use of water, I do not hesitate to employ mild laxatives. I employ water largely to secure ample diuresis. If I cannot achieve the result in this way, I use some of the many mineral waters or some of the simpler diuretics.

Regarding prepared foods I have no special pets. In some instances the food the least indicated on theoretical grounds, is the one clinically the most useful.

The second indication for individualization—the correction of the systemic soil—is most fully met by hypernutrition. But, hypernutrition is not always secured by mere food stuffs alone. The individual himself may furnish strong evidences of the need of some particular tissue element. For instance, if a man gives evidence of a poor bony development, he is given as a

nutritive and sometimes as a direct medicinal agent, some one of the lime salts, the combination used being dependent upon special conditions found present. If an anæmic individual appears, and hæmoptysis is not or has not been a prominent symptom, if other elements of individualization agree, he is apt to receive hypophosphite of lime, and if the bowels are constipated and the urine deficient some one of the chalybeate waters as an adjunct, or I give minute doses of iron internally. If the patient is of the so-called scrofulous type, and has had glandular enlargements, or his glands enlarge from slight causes, he is apt to receive cod-liver oil.

Aside from these more or less direct nutrients, the systemic soil is rendered less desirable as a germ residence and propagating field by all influences that tend to improve in well-being healthy individuals, such as rest, exercise, fresh air, bathing, etc.

Rest is unquestionably of value in the treatment of cases. Some phthysical individuals, whose wrecked nervous systems have furnished the influences that have rendered them liable to the lung disease, are undoubtedly greatly benefited, and, in some cases cured, by long rest in bed. By rest the outgo of energy is cut-off, and all the strength of the system is lent to prevent the further progress of the invading malady. I am sure, however, that absolute rest in bed is only suitable to a small proportion of cases, and those, too, generally neurotic persons. I am so well satisfied with the happy effects of prolonged rest in bed, that I would recommend the procedure in a great many instances, if I were able to secure massage as an adjunct to the treatment. Massage is of great value in preserving the tonicity of the muscular system in general, in promoting freedom of peripheral circulation, in stimulating the absorbent system, in improving the assimilative functions, and in many ways assisting in getting the patient out of the condition of bodily torpor often found in the phthical. But few patients can afford to pay for the massage treatment while at rest in bed, and hence we lose a most valuable adjunct to our therapeutics. Rest is a good thing, and I enjoin it upon all my patients, and not infrequently prescribe the exact time and duration of the rest. Rest, however, is by no means applicable to all cases. In some instances rest would prove positively injurious. Instead of resting such patients would be rusting.

Active temperaments, not showing evidence of feeble development of the nervous system, can seldom tolerate prolonged rest without losing appetite, muscular tone and physical ambition. With such individuals, I however, take advantage of trivial complications and order them to bed for a day or two at a time, with marked benefit.

Exercise is necessary, in most cases, in the first and second stages of phthisis, and is usually demanded in order to secure the proper performance of all the bodily functions. I am speaking now of general exercise, not of the special movements for the respiratory apparatus. This exercise must be taken in the open air, and that, too, without any great regard for the prevailing kind of weather. A cold snap, or a little rain-storm, or a hot wave, ought not to confine the patient to his home. We must not "baby" him too much. We must not make confinement at home monotonous. There can be no set rule as to the length of the walk to be taken, but whatever the exercise recommended, it must stop short of actual fatigue. Where the patient does not or cannot go out, and he is not in an advanced cavernous stage, I give him some of the Swedish movements for a few minutes at a time, during the day, near the open window, and I insist that the windows of his bed-chamber shall remain well open all night, even if it is cold or rainy, having him protected from direct drafts by screens placed properly about his bed. The air and sunlight must be allowed free access to his sleeping apartment during all the time he is in or out of the room. No matter what stage of the disease, active, decided athletic exercises must be positively interdicted. Muscular development is not needed in a phthisical patient. Only enough exercise should be taken to stimulate the vegetative life processes. I have known of a consumptive developing his biceps at a city gymnasium three weeks prior to his death. His muscular system was in splendid shape despite the dreadful local condition in his lungs. Decided attempts to develop the muscular system lead only to rapid progress of the disease. So long as the system possesses appreciable vitality, it will respond to efforts to develop the muscular system, but all such development is secured at a cost of a loss of nervous force and vitality that would stay the progress of the lung malady. Besides, violent muscular efforts lead to serious lung congestions and over-

straining of the heart. Those who believe in muscular exercise of a decided kind in the phthisical, have but to remember what a holocaust consumption reaps among athletes to be convinced that excessive muscular exercise predisposes directly to phthisis.

Judicious bathing is also a valuable adjunct in correcting the phthisical soil. Most of my patients are required to take a morning sponge-bath of cold water in all seasons of the year. In most instances the cold morning rub acts as a decided tonic and tends to harden the patients against "taking cold." Some, however, cannot at first obey my instructions in this particular. They become worse instead of better. But I do not abandon the baths for that reason, for the good to be accomplished by the judicious use of water is too great to be lightly abandoned. I have such patients rubbed all over with a crash towel until the skin glows. After the lapse of a short time, I have them begin the morning with a tepid sponging, and, morning after morning, make the water colder, until, finally, they succeed in enjoying the water at the ordinary temperature. The rubbing after the bath must be thorough enough to bring about a decided glow. Warm baths, sponge or hip, if followed by any considerable degree of languor, I positively interdict save at long intervals, and that only for the purposes of personal hygiene. It is the tense-fibered individual who would theoretically be benefited by the warm-bath, but he is the very person who enjoys the cold-bath most. The loosely-skinned, languid patient admires the luxury of the warm water, but is always made distinctly worse by it. The individualization of a case of phthisis as regards bathing is, however, one that cannot be decided on any hard and fast lines, no matter how correct, theoretically, they may seem.

In the attempts to render the soil untenable for phthisis, it is a question in mind whether climate is not the most important of all means; in fact, outweighing all other measures combined. There should be no reasonable doubt but that phthisis, in the first and second stages, and with extreme infrequency in the third stage, is curable in a fair proportion of cases. The individualization of climate for a given patient is sometimes a matter of extreme difficulty. In some instances, where the wealth of the patients warranted the procedure, I

have sent them on a deliberate search for a climate that suited them. I have ordered them through southern Texas, southern California, southern Colorado, etc., until they found spots that seemed specially suited to them. I can only indicate in the broadest way some of the factors for selecting climates. If the patient is worse in damp weather, if the expectoration is profuse, if hæmoptysis has not been a prominent symptom, if the heart is good, a high altitude is advisable. If the patient must have some moisture, but has hæmorrhages, and the heart is weak, a low or medium altitude is the best. Whether in a high or low altitude, the climate must be such that the sunshine is bearable, and they can spend most of the time in the open air during the day and keep the windows open all night.

The less thickly-populated the country, other things being equal, the better. The more the patient roughs it the better. In nine hundred and ninety-nine cases out of a thousand, the seashore is to be avoided by consumptives in any stage. Of quite a number of cases of consumption, I have only seen one (a complicated case, with cirrhosis of lung, liver, kidneys, and valvular disease) that received the slightest benefit from a residence near the sea. While I am not usually governed by theoretical considerations, the fact that phthisis always prevails to a greater extent along the coast, and for miles inland, than it does in the interior, I am led to believe that the low altitude and moisture geographically incident to location, acts as a decided predisposing cause of consumption. I have most certainly seen many cases shunted deathward by going to the seashore contrary to my advice. Of course, all our patients cannot go where we would like to send them; but, most of them can improve their surroundings somewhat. Sometimes, a simple change of residence, in the same town, is of value. We do not study the home environments of our patients, I fear. Not unfrequently the home is decidedly unhygienic in itself, and in its surroundings, thus nullifying all our attempts to improve the patient.

By climate, by food, by fresh air, by exercise, by rest, by bathings, by hygienic surroundings, we do much to change the soil in a sufferer from a lung complaint.

A special respiratory exercise that I have resorted to, in most cases in the first and second stages of the disease, I have found

of the greatest benefit. When the patient is in the open air, or where the open air has access to him, I have him inflate the lungs as fully as possible, without too great strain. After holding the breath for a little while, I have the patient expel the air suddenly. This exercise is very fatiguing, but I insist upon it. I also have patients use the Burgher respirator, and other devices of a similar kind, to prolong the expiratory act, so that the succeeding inspiration will be more complete, and the interchange of gases in the lungs more in accordance with physiological laws. By such procedures I often relieve immense areas of collapsed lung-tissue about the spots of consolidation; I lessen œdematous infiltration, venous congestion, and quicken the arterial circulation, and consequently increase the nutrition of the lungs. Of course I do not increase actually the size of the lungs, but I do increase the motive power by which the air is inhaled and expelled. I have known the chest-measurement in an adult to increase three inches in a single year, the young man, too, recovering his health. Stoop-shoulders must be corrected. This can be done by using a pole swung over the head, or by rotating the arms circularly in the shoulder-joint, the patient meanwhile making himself as tall as possible. If I fail in this, I have the patient lie upon the broad of his back for an hour at a time with no pillow beneath the head. The necessity for securing entire mobility of the muscular structures about the thorax, and preventing deformities that diminish the chest capacity, and keep the lungs quiet, is too obvious to require discussion.

The closest individualization is required in the control of the special symptoms of the disease, or of complications that may exist.

Cough, so long as it is accompanied by easy expectoration, ought never to be directly interfered with as a symptom. Control it by controlling the cause. But a cough that is unnecessarily violent, that causes vomiting of the food taken, that prevents needed sleep, most certainly requires direct attention. Unnecessary violence of cough is not infrequently found in connection with an elongated uvula, or decided congestion of the pharynx or larynx, or post-nasal catarrh. These complications should receive direct treatment, often local in character.

Expectoration, if too viscid, if too difficult of removal, if

fœtid, should receive prompt attention, and may require medicaments solely devoted to the liquefaction of the morbid products within the bronchial tubes. Inhalations of warm steam, or of iodine, kreosote, oil of peppermint, often assist materially in lessening the trouble arising from the morbid products of the associated bronchitis or lung break-down. Asepsis is often thus secured. I have often seen decided relief follow the use of inhalations.

Hæmoptysis is a symptom that may need little or no attention. Unless the blood be great in quantity and dark in color (that is, coming from a large branch of the pulmonary artery), the symptom is not often a grave one prognostically. In some instances I do absolutely nothing but calm the fears of the patient and the family. When the bleeding is over my time of anxiety comes. I want, if possible, to get all the coagulated blood out of the bronchial tubes. I do not want a new focus or foci for inflammation, or an extension of the old process. I instruct my patient to get all the blood up he can. The hæmorrhages, if dangerous, are usually controllable directly, or by regulating the circulation in the lungs, or system at large. Remove the effects of hæmorrhage, then, if it is at all possible. Where an exhausting hæmorrhage has occurred, in some instances it is inexpedient to resort to stimulants, aside from the inapplicability of the procedure in such cases, because, by so doing the circulation is accelerated and the bleeding renewed. Where real danger exists on account of the amount of blood lost, rectal injections of warm salt water, the water nearly proportionate to the amount of blood lost, are of real service, by giving the relaxed vessels a volume of fluid to distend them, and the wildly acting heart something to pump against, and giving its cavities liquid enough to stimulate the cardiac muscle to contraction.

Night sweats, occurring with ordinary severity, do not lead me to depart from my general medicine. Exceptionally, however, the sweatings are exceedingly exhausting, and so dominate the symptomatic picture that their control requires separate therapeutics. I must, however, be thoroughly satisfied that my case as a whole is seriously jeopardized, before I interpolate medicines or methods for the specific control of the symptom of sweating. Alcohol baths I seldom resort to because of the disagreeable after-effects, the extreme dryness of the skin, and

the impairment of the eliminative functions of the cutaneous surface. The taking of little liquid before retiring, and a tepid water sponge-bath sometimes modifies and renders bearable this disagreeable symptom. I never employ violently acting drugs to control sweats. I usually find the medicine selected to cover the whole case capable of subduing this manifestation.

Pain, due to a complicating dry pleurisy, as a rule requires but little interference, and that interference, if necessary, is only needed for a day or two. Adhesion soon takes place, and pain ceases. A frequent and annoying accompaniment of phthisis, and, as a matter of fact, too, any thoracic disorder, is intercostal neuralgia. The pains are of all varieties, and sometimes require direct attention on account of severity, but far more frequently on account of persistence. Persistent pain, although not severe, needs attention because free expansion of the thorax is prevented, and a host of evils that are readily obvious to the thoughtful mind, follow this enforced quietude of the chest-walls and of the contained lung structure. Generally I do not change the internal remedy, but resort to local applications over the posterior tender points of iodine, belladonna, cantharis, aconite or capsicum, according to severity of pain. The oppression and pain across the chest, due to an acute exacerbation of the accompanying chronic bronchitis, are usually benefited by the hot-water bath or rubefacients to the anterior chest walls. Exceptionally poultices are indicated to secure free expectoration, or the rapid break down of an affected area of lung tissue.

Fever.—This symptom I combat by rest in bed, and the general medicines. The antipyretics are decidedly injurious. Guaiacol locally, applied as if to vesicate, may subdue a dangerously high temperature; but I have once or twice seen dangerous sweats and collapse symptoms arise from its use.

A distinct attempt should always be made to control and cure the accompanying bronchitis, which, whether simply catarrhal or tubercular, seems to spread the disease by lowering the vitality of the mucous membrane, by carrying pus and infective material to unaffected areas, by preventing free inspiration, by increasing the difficulties of expiration, by minimizing the ready exchange of gases in the lung parenchyma, by inducing

œdema, by aiding congestion, and by mechanically weighting the mucous membrane, and causing lung quiescence and collapse, and by oppressing the action of the heart. The more the capillary tubes are involved, and the larger the area involved, the more strenuous should be our efforts to overcome the complication. Inhalations are extremely valuable here. Lime-water and tar-water, equal parts, is of service often in these cases, in connection with the general medicine administered. I have thought that morbid materials might become calcified (and hence harmless, comparatively) by the use of the lime, and the abraded surfaces healed, and expectoration aided, by the tar. Even should the tar simply coat over the affected surfaces of mucous membrane, it will thus act as a barrier to the entrance of bacteria or pus.

When laryngeal phthisis coexists, it depends altogether upon the amount of pain and the extent to which deglutition—and, consequently, nutrition—is interfered with, whether the larynx shall receive direct local treatment. Certainly, local treatment holds in abeyance a certain number of cases, and where demanded by the exigencies of the case, I combine local treatment of the larynx and pharynx with my other measures.

Post-nasal catarrh is not infrequently annoying in a certain proportion of cases. It may seem the part of unwisdom to devote any attention to a trouble that may be regarded as comparatively trivial in comparison with the grave lung lesion, yet certain cases are prevented from making any progress healthward by reason of this affection of the upper respiratory passages. If the catarrh lead to mouth-breathing, you are almost certain to lose your patient, unless you can stop this pernicious habit—a habit that, in spite of the various mechanical contrivances invented to prevent mouth-breathing, takes six months or a year to overcome. Think of the unwarmed air traversing the air-passages laden with dust from the outside; think of the diminished chest-expansion; think of the loss of the morning meal from the cough induced by the accompanying pharyngitis; think of the loss of appetite and all the countless ills that follow nasal stenosis, and you will agree with me that some cases of phthisis pulmonalis require local treatment of the nasal passages as a direct way of controlling the graver symptoms in the patient.

Uterine diseases in women, particularly displacements that interfere seriously with out-door exercise, are often greatly benefited in their pulmonary troubles by the remedying of their womb-disorder. This may seem an exceedingly round-about way to attack the lungs, but I have certainly achieved most gratifying results by making my patient the better able to bear the troubles of life.

Any organ, then, of the body may require more or less direct attention in a case of phthisis. The heart, the liver, the brain, the intestines, the kidneys, the uterus may furnish indications for treatment of the case that must not be ignored if the patient's ultimate welfare is to be consulted. It is true that phthisis is phthisis wherever it is found. It is equally true that phthisis in one individual is a very different thing from phthisis in another. In some the disease can be attacked directly on broad general principles; in some the malady must be assaulted in the most circuitous manner. You must study the patient and the *disease*. Do not lose sight of this fact when treating the patient in order to overcome the disease that has assaulted him. I do not recall a single case that has come under my care of late years that has not required the strictest individualization. Formerly, when I made my diagnosis, I was so sure of my prognosis that I directed my sole attention—hopelessly, it is true—to the dire disease in the lungs, the appalling nature of which seemed to strike me dumb with terror and paralyze all hope. With a wider experience and a broader way of looking at disease, I am not nearly so hopeless, and where I cannot save life I can usually make that life tolerable.

In conclusion, it would seem to me that the strictest individualization of cases leads to the happiest results. In general, the principles of individualization are:

1. The consideration of the patient as a distinct individual.

- (A.) The control of conditions or symptoms of any organ of the body that will at all favor the downward progress of the local lung malady.

- (B.) The modification of the patient's whole life, and treatment looking directly and indirectly towards the control of the process in the lungs.

2. The modification of the system's subsoil that permits the disease to exist.

(A.) Hypernutrition.

(B.) Rest, open-air exercise, baths.

(C.) Climate.

3. By attacking the disease *in situ* as directly as possible.

(A.) By increasing the expansibility of the lungs by means of respiratory exercises.

(B.) By controlling the associated bronchitis.

(C.) By drugs.

(D.) By inhalations of drugs.

(E.) By controlling dominant symptoms of the respiratory sphere if they jeopardize the favorable progress of the case.

(F.) By controlling systemic symptoms that arise from the local malady, if they unfavorably influence the progress of the case.

4. By modifying the hygienic surroundings so as to promote the highest degree of general health.

PARESIS.

BY AMOS J. GIVENS, M.D., STAMFORD, CONN.

(Read before the Connecticut Homœopathic Medical Society.)

THIS is the most interesting form of mental disease that we meet or have under observation. It is known under a variety of names, the most common of which are dementia paralytica, general incomplete or progressive paralysis, mania de grandeur, general cortical cerebritis, meningo-peri-encephalitis with atrophy, and general paresis of the Americans.

It has been variously defined. Clouston says: "It is a disease of the cortical part of the brain, characterized by progression, by the combined presence of mental and motor symptoms, the former always including mental enfeeblement and mental facility, and often delusions of grandeur and ideas of morbid expansion or self-satisfaction; the motor deficiencies always including a peculiar defective articulation of words and always passing through the stages of fibrillar convulsions, inco-ordination, paresis and paralysis; the diseased process spreading to the whole nerve tissues in the body, being as yet incurable and fatal in a few years."

Regis says: "Paresis is a cerebral disorder, sometimes cerebro-spinal (diffuse, chronic, interstitial, meningo, myelo, encephalitis), essentially characterized by progressive symptoms of dementia and paralysis, with which are frequently associated various accessory symptoms and especially an insanity of the maniacal, melancholic or circular type."

A little over one-half a century ago paresis was unknown. In 1826 Calmiel, a French physician, wrote his work, *General Incomplete Paralysis of the Insane*, separating and describing it as a special form of mental disease, although Esquirol had observed the disease and its fatal termination previously. Since that time many alienists have given much time and attention to it, and while the history and symptoms are well known to-day, the therapeutics and pathology remain somewhat obscure. That it has been increasing in the past few years is undisputed. Statistics show that during a period of time covering over seven years 9615 patients were admitted to the asylums of Massachusetts, of which 580 were cases of paresis and 373 had resulted in death during the seven years. Of 2297 male patients at the New York asylums, 284, or a little over 12 per cent., are cases of paresis; and of 4025 deaths which occurred from 1875 to 1895, 1366 were from paresis, over 30 per cent.

The disease is most frequently observed in men. The cause is excesses of all kinds, which act more powerfully when associated with worry and anxiety and the mental strain that is occasioned by the rush and high pressure of modern times.

General paresis properly presents three stages, although some alienists recognize four. The first is the incipient, the second the pronounced, and the third the decline, although a person will sometimes pass from the first to the last without our being able to observe the dates of the progress and stages of development.

The first thing that may be observed is an alteration in the manner and habits of the individual, with undue irritability, sleeplessness and forgetfulness. In the incipient stage the general appearance of the patient changes, there is a dead complexion, the flesh is pale and flaccid, and the face and eyes are lacking in expression. The motor symptoms that may be met are convulsions, an unsteady gait similar to locomotor ataxia, loss of memory, loss of the reflexes, cephalalgia, neuralgia, hys-

teria or melancholia, but the melancholia is unlike simple melancholia. The appetite may be capricious and often voracious; the character and habits change; the patient becomes moody, absorbed in thought, is changeable and unsettled, and, often in the first stage, despondent and suicidal. Mental and physical degeneration are seen. The morals change; there is a disregard for politeness and dress, and he often manifests a desire for stimulants; there is an impairment of articulation, hesitancy of speech and an inability to pronounce words with labials, like artillery, immovability and incompatibility; there is also tremulousness of the lips and tongue, and sometimes stammering, which is due to the partial paralysis of the hypoglossal nerve; the pupils change; they are unequally contracted or contracted to a pin-point and irresponsive to light.

The incipient or melancholic stage may last a few weeks or a year or two, and may pass imperceptibly into the second. In this, the second or maniacal stage, there are expansive ideas and delusions of grandeur, and he is worth innumerable millions of dollars or jewels and riches of all kinds; he is a king or some important person, and there is marked excitability. Many of the symptoms of the first stage are intensified. The tremulousness of the lips and tongue increases, the temperature is from a half-degree to two degrees above normal; the appetite is good, but food is masticated and swallowed sometimes with difficulty. The fit which generally accompanies the disease, and is one of the most characteristic symptoms, occurs with more or less intensity, and is known as a congestive, apoplectic-form, paralytic or epileptiform attack, and is often like the petit mal in epilepsy; but unlike epilepsy, there is no cry and the convulsions are not as violent. It also differs from apoplexy in that the hemiplegia may recur several times in paresis. When these attacks intervene, the temperature varies from 99° A.M. to 103° P.M., and occasionally reaches 105° or 106°. As the disease advances, the sphincters relax, and there is loss of control of the bladder and bowels; the patient is in the decline, the third or terminal stage. The gait becomes more ataxic, the patient is untidy, and the mind fails gradually and dementia follows. Great caution must be used when eating to prevent the food becoming impacted in the œsophagus or falling into the larynx or trachea. The forced decubitus, accompanied with

general anæmia is followed by bedsores; but still, in answer to the general inquiry as to how he feels, he will respond "first rate."

Of the 29 cases that have come under my observation, there were 26 men and 3 women. The oldest patient was 53 and the youngest 28, the average 40. The causes were; Overwork, 13; intemperance, 7; dissipation, 4; worry, 1; hereditary, 2; syphilis, 1; unknown, 1. Of these only one is alive at the present time. The average duration of the disease is from $2\frac{1}{2}$ to 3 years.

CASE 27.—Admitted to Stamford Hall August 4, 1892. Male; æt. 34; married; duration, six months; first attack; first admission; occupation, paper manufacturer; cause, overwork and anxiety; heredity good; no children.

Physicians' certificates state "That the patient talks in a simple manner, telling his private matters and domestic affairs that are of no importance—says he has 52 hens, and that they laid 3000 eggs last season, and that he is making money fast; went into many details about his fence and about the chicken-yard, and laughs occasionally at inappropriate places and stammers in his speech; tells us of his money matters—that he has three bank books, and that he has saved so much money. He talks volubly of trifling matters, laughs abruptly at intervals and does not speak plainly. His eyes are bright and restless, and there is a lack of coherency and continuity in his speech.

"At the beginning of his sickness he cried a good deal, then he had delusions of grandeur, spent his money recklessly, buying tooth powder and perfumery in large quantities, showing his bank-books to strangers and showing how much he had saved. Irritable, but not violent; has never shown any suicidal tendency."

For six months previous to admission he had been nervous and at times irritable; had delusions of grandeur and illusions. Did not realize the value of money. Reported to have had gonorrhœa twice, and at one time it was supposed he had a bubo. Upon admission his pulse was 78, temperature $98\frac{3}{5}^{\circ}$, appetite good, tongue coated and tremulous; pupils contracted and irresponsive to light; patellar and spinal reflexes increased; gait is ataxic; speech defective and characteristic of paresis; is unable to say "Round the rugged rock the ragged rascal ran." Has a special nurse.

August 31st.—Has some money in his pocket, which he scattered around his room; tried to give away his watch and ring. Is restless, excitable and delusional. He has been receiving

and reading his paper, but becomes so excited about politics that his paper has been discontinued. Has been smoking regularly, and this has been stopped, as tobacco is invariably injurious to parietic patients. Discretion is used by all nurses when in conversation with him, as he gets very much excited when politics are mentioned. Is invariably worse after the visits of his friends. Is gaining in weight. Has been taking *Belladonna* 3x since his admission.

September 1st.—Physical health fair; sleeps better the forepart of the night; right pupil dilated and left contracted; is out driving often, goes fishing and takes short walks; forgets familiar places; is more unsteady in his gait.

September 12th.—Is confined to the bed; has considerable muscular twitching, and at times a spasm of the throat, with inability to swallow; is helpless; has to be fed, and is untidy in his habits. Dr. Talcot was called in consultation. Muscular twitching is increasing, memory is poor; is becoming more demented; the delusions of grandeur are absent at times, and there is a general mental and physical failure. *Cimicifuga* 3x, every 2 hours.

September 25th.—Requires his food prepared for him; picks up different things that do not belong to him, the kleptomaniacal tendencies being marked at times.

November 5th.—A change came over him in the evening, and he said he was going to die. Had a mild congestive attack. Pulse, 90; temperature, 101°. R., *veratrum viride*, 3x, every half hour.

November 6th.—Is forgetful, untidy in his habits, and is becoming more helpless; talks and mutters to himself. Pulse, 112; temperature, 99 $\frac{2}{3}$ °.

November 8th.—Pulse, 108; temperature, 99°. Improving. Heart is weak.

November 12th.—Was able to be about; does not realize that he has been ill, and says that he feels first rate. Much muscular twitching is observed, although the gait is ataxic and inco-ordination great, yet there are no girdle pains, or any pain whatever; on the contrary, the patient always says he feels well.

November 19th.—At 10 p.m., while abed, he suddenly began to breathe quick and hard, and became unconscious; *Digitalis* and brandy revived him.

November 20th.—Talks in a delusional manner; says that he saw a wagon run over his attendant and cut off both legs; that his attendant drank fifty glasses of water, and he will drink one hundred.

December 1st.—Brother visited him, and after taking his departure the patient said he saw his brother take a knife and cut

his throat while in the room. Pulse, 108; temperature, 100° . At times unable to swallow.

December 2d, A.M.—Pulse, 102; temperature, 101° . P.M., pulse, 108; temperature, $101\frac{2}{5}^{\circ}$.

December 3d, A.M.—Pulse, 110; temperature, $100\frac{4}{5}^{\circ}$. P.M., pulse, 120; temperature, $102\frac{2}{5}^{\circ}$.

December 4th, A.M.—Pulse, 102; temperature, $100\frac{2}{5}^{\circ}$. P.M., pulse, 112; temperature, $102\frac{1}{5}^{\circ}$. *R.*, *verat. viride*, when the temperature is above normal; *merc. bin.* 3x, every two hours when temperature is normal or below, or when there is muscular twitching or inability to swallow.

December 6th.—Retention of urine required use of catheter.

December 9th.—Is in bed. Gangrene commenced in heel. Muscular twitching continues; opisthotonos present.

December 13th.—Very restless during the day. Is in a happy state of mind. Temperature about a degree above normal in mornings, and two degrees above normal at night.

December 14th.—Temperature increased to 105° at 10 A.M., and at 7 P.M., was 106° . He died without any suffering whatever from an epileptiform attack. Duration of disease, about eleven months.

The appearance of the brain after death shows many changes. The dura mater is thickened, and often adheres to the calvarium. Sometimes, between the dura mater and arachnoid, we find a false membrane—this is the pachymeningitis hæmorrhagica interna. The arachnoid is thickened and mottled. The pia mater and convolutions are changed. The pia mater is adherent to the convolutions as the result of inflammation, and when removed causes a worm-eaten appearance of the gray matter. This is never found in a sane brain, and is most frequently seen in the vertex, anterior and middle lobes, and the gyri around the olfactory bulbs at the base. The two hemispheres sometimes adhere anteriorly. Sometimes, gummata are found; often, atrophy is marked, and usually the brain is soft.

In the treatment of paresis, proper attention should be given to the diet and hygiene as well as the remedy; and, as Dr. Talcott says: "While we cannot, with confidence, anticipate recovery or hope for a cure, we may at least prolong and render endurable an otherwise wretched life; and, in some instances, we may succeed in restoring the patient, for a time, to his friends in such a state of remission from the disease, that the

delusion of recovery is cherished for a time by the friends." "A paretic patient must be handled with as much care as that bestowed upon an apple which is fair and sound on the surface, but is really rotten at the core; The less such an apple is handled or bruised, the longer it will preserve its fair exterior; and the less a paretic is exercised and hustled about by the friends, and tampered with by electricity or muscular manipulations, the longer he will last, and the less suffering he will experience. They should be kept quiet, and in the stage of decline, kept in bed. The skin should be kept clean and firm with alcohol baths. Bed-sores must be avoided. Hot liquid food, easily assimilated, should be administered—solids should be avoided on account of pharyngeal paralysis.

Dr. Lillenthal says such patients should be sent to well-managed institutions provided with large gardens. In such an institution, the patient gets mental and somatic rest, a condition essential for a cure. Fresh air, plentiful and nourishing diet, abstinence from tobacco, and avoidance of all heroic treatment, especially hydrotherapy are advisable.

Among the remedies used are the following: *Actea racemosa*, *mercury*, *nux vomica*, *stramonium*, *hyoscyamus*, *belladonna*, *veratrum viride*, *ignatia*, *cimicifuga*, *cannabis indica*, *arsenicum*, *verat. alb.*, *digitalis*, *natrum mur.*, *phosphorus*, *rhys tox.*, *lachesis*, and *platina*.

THE INTRA-ABDOMINAL METHOD OF TREATING THE STUMP IN ABDOMINAL HYSTERECTOMY.

BY I. G. SMEDLEY, M.D., PHILADELPHIA.

(Read before the Homœopathic Medical Society of the State of Pennsylvania.)

In the *American Text Book of Gynæcology*, we find the following expression in reference to the extra-abdominal treatment of the stump:

"The pedicle dries up and gradually melts off into the dressings, or comes away as a mummified mass. The first dressing is made on the eighth day, when the stitches are removed, the ecraseur having been kept tight by turning the key several times daily. The stump is ready to come off in from two to three weeks. If it does not come away itself at the end of that time it is best to remove the wire and pins and cut it away."

My experience in this method consists of sixteen cases, all of which were successful, as to life and future health, and if the process of cure were as simple and easy as the author depicts, I would advocate this method for all abdominal hysterectomy, but experience has proved these directions to be more theoretical than practical.

For the first twenty-four hours the wire may be tightened several times, as directed, but when at the end of that time the tissues under it become compressed, it is best to tighten it not more than twice a day, and usually but once; and then it must be done with the greatest care, or the wire will break and present the difficulty of applying a new one. I have never had a wire to last longer than ten days, and frequently it has broken within three or four days.

I have never known the pedicle to "dry up and gradually melt off into the dressing" or to "come away in a solid mummified mass;" on the contrary, at the end of two or three weeks I have been obliged to cut away the hard tough stump, which looked as though (were it left alone) it might remain as it was for any length of time.

When its support was removed the stump would sink down deep into the pelvis, sometimes entirely out of sight. In all these cases there was a sloughing of the stump tissue below the point where the wire encircled it, due to a shutting off of the circulation in the stump. These sloughs had often to be removed at the bottom of a long sinus, almost in the dark, until finally we would have simply a long tube of granulating tissue, which would fill up in from eight to twelve weeks, making a long and tedious recovery.

In marked contrast were my last eight cases of abdominal hysterectomy in which the stump was treated intra-abdominally. In all of these cases the patients had recovered sufficiently to leave the hospital by the end of the third week, having had but little fever and very little pain (no more than is present from a simple laparotomy *for* any other trouble), and having escaped the discomfort and annoyances of the frequent dressings for so long a time.

This operation is scarcely more difficult than the former, and can be accomplished in almost as short a time.

The technique is as follows: After opening the abdomen

the tumor is delivered if possible. The ovarian arteries are ligated on both sides and the broad ligament is clamped near the uterus.

The broad ligament is then cut across below the ovary, leaving the latter attached to the uterus until the cervix is reached. A circular incision is then made across the anterior wall of the uterus about two inches above the bladder through the peritoneal covering. The latter is then peeled off as low as it is necessary to incise the cervix. The uterine arteries are then ligated on both sides between the layers of the broad ligament. The stump or cervix is then cut off, bringing with it the tumor. By a few silk stitches the anterior and posterior edges of the cervix are united thus closing the cervical canal, and stopping any oozing that may be present, though the bleeding is usually but slight.

We then begin at one outer end of the broad ligament, and stitch the two layers together with fine silk.

When we come to the stump stitch the flap made by the peritoneal covering of the anterior wall of the uterus to the peritonæum on the posterior wall of the stump, covering over its raw surface, together with the sutures; then continue beyond until the other end of the broad ligament is reached, covering over the ligatures on the uterine arteries, leaving them outside of the peritoneal cavity.

Thus we have everything outside of the peritoneal cavity except the ligatures on the ovarian arteries, and the fine silk used to stitch the peritonæum together. The pelvis is then wiped out and the abdominal wound sewed up.

There is but slight loss of blood in the entire operation.

This appears to be the more surgical of the two operations, and will, I believe, be the one universally adopted.

PRUNUS SPINOZA IN CILIARY NEURALGIA.—The character of the pains will furnish our chief indications; thus we have pain in the eyeball as if it were crushed or wrenched, or pain as if pressed asunder; again, we often find the pain of a sharp, shooting character, extending through the eye back into the brain, or this sharp pain may be seated above the eye, extending into and around it or over the corresponding side of the head. Sometimes the pain will commence behind the ear and shoot forward to the eye, but, as already remarked, it is generally of this sharp, piercing character. Motion usually aggravates, and rest relieves, the severity of the pains. The pains are occasionally periodic in character and may be worse at night.—*Hom. Eye, Ear and Throat Journal*, July, 1895.

SOME EXPERIENCE WITH CHOREA.

BY WESTON D. BAYLEY, M.D.,

Junior Neurologist, Hahnemann Hospital, Philadelphia.

(Read before the Homœopathic Medical Society of the State of Pennsylvania.)

THIS paper is presented as a brief contribution to the literature of this disease, based upon the personal observation of 215 consecutive cases. These cases represent the number seen by the author at the Hahnemann Dispensary and Hospital and do not include any from private practice.

Ætiology.—The number of females treated was 135; of males 80. The average female age was 11.4. The average male age was 10.9, making a total average age for the disease as 11.1 years. The youngest case observed was a male aged 14 months. The oldest, a female aged 47 years. But one case was in a colored child (female, aged 11 years). As to the exciting cause, in 128 cases there was none, or it could not be traced. Fright was a factor in 23 cases, the chorea developing sometimes immediately, sometimes three weeks afterwards. Two cases resulted from grief.

In 11 cases, anæmia was so extreme as to be regarded as a causative condition. Menstrual irregularities, usually amenorrhœa, seemed obviously at the root of 6 cases. Six others were regarded as post-traumatic, but might have been due to the fright of the injury. Eight cases followed closely upon the acute exanthemata and were probably so caused. Among the less provable causes, which still were assigned as such, were "suppressed" eruption, 2; worms, 1; nasal polyp, 1; post-convulsive, 1; post-diarrhœal, 1; following a cold, 2; spinal caries, 1; ill-fitting pessary, 1; vaccination, 1; otorrhœa with perforated drum, 1; hydrocephalus, 1.

Two were combined with epilepsy. Three were somnambulistic. Two were due to eye-strain.

Much is also written throughout the records concerning bad surroundings, ignorant care, wrong dietetics and decayed teeth; but not in a manner that can be accurately estimated. One case was a girl, age 14, weighing 144 pounds.

In these 215 cases the records show an inquiry into the rheu-

matic history of 159 of them; 128 had no rheumatism either personal or family; 20 had a personal history, 8 a family history, and 3 both. Here the statistics may err, as even vague pains are recorded as "rheumatic," and in some instances the records show the chorea to have preceded the rheumatism. The percentage of cases thus recorded, with personal history of rheumatism is $14\frac{1}{2}$.

The condition of the heart is recorded in 155 cases. Mitral murmurs were present in 23 of these. In 1 there was also an aortic stenosis. The heart was rapid or irregular, but without valvular lesion in 7 more cases. The proportion in which actual cardiac valvular disease occurs is therefore almost 15 per cent.

Distribution.—This is recorded in 183 of the total cases. In 98 it was regarded as general. In 37 it was mostly or exclusively left-sided. In 48 it was mostly or exclusively right-sided.

Duration.—Of the 215 cases, 97 were early lost sight of or unrecorded; 23 were unimproved in from one to five prescriptions; 58 were improved when last seen, and 37 were recorded cured. It is probable—nay certain, that many of the "improved" cases were really instances of cure, but the final result has not been formally included in the record. The average duration of the *cured* cases from the *time of onset* was 19.4 weeks. The average duration of the cured cases from the time of *beginning treatment* was 12.1 weeks.

Treatment.—The management of these cases may be considered as general, special and therapeutic.

The general treatment was first, correction of errors in diet, good feeding at regular intervals, with the strict avoidance of the worthless trash with which children are usually fed. The avoidance of undue excitement. A proper regulation of rest, exercise and out-door exposure.

The special treatment consisted of correction of refractive errors, ear and nose examination and treatment, when justifying conditions existed. Also a general search for and removal of any source of reflex irritation.

The medicines prescribed are mentioned in the order of frequency of use, with a few hints as to the reason of their selection.

1. Agaricin 2x, 1 grain every 3 hours. Applicable to the majority of cases. It is prescribed empirically in the absence of symptoms which would definitely indicate another medicine. The marked absence of subjective symptoms frequently makes one case very much like another.

2. Agaricus 3x was used more, prior to Dr. Goodno's recommendation of its active principle. It was given to the typical cases with absence of special complications.

3. Causticum 12 was preferred in those cases in which the muscles seemed paralytic, and where there was aphasia—consequently it was more frequently given in the right-sided cases.

4. Ignatia θ to 6 where the cause was emotional, or the symptoms verged on the hysterical.

5. Mygale 6 to 12 was given in generally typical cases which failed to respond to agaricin or agaricus.

6. Hyoscyam. θ to 6. Movements mostly facial and mental disturbances of less degree than stram., and more foolish and good-natured in character.

7. Strammon. θ to 6, when the choreiform condition had more of a maniacal tendency. Great mental agitation.

8. Actea rac. θ to 3x, in some menstrual and more rheumatic cases. I have not seen any striking results from its use.

9. Pulsatilla 3x to 30. Anæmic girls with amenorrhœa.

10. Sulphur, calc. carb. and phos., 6 to 30, were indicated in some old cases, on their general symptoms. Occasionally they were prescribed early when there was apparent dyscrasic foundation.

11. Rhus θ to 30 was often helpful to the accompanying rheumatism, and at times seemed to modify the choreic movements themselves.

12. Cina θ to 6 and santonin 1x were used in some cases where the classical "worm-symptoms" existed.

13. Laurocerasus 6, was given to one case which became cyanotic at times, although no heart lesion was discoverable.

Other medicines which were occasionally employed on their ordinary symptomatic indications, were argent. nit., arsenic, arsen. iodide, bellad., bry., coffea, calcar. iodid., crocus, ferrum phos., iodine, kali bich., kali mur., magnes. phos., naja trip., nux vomica, ruta gravolens, sepia and veratrum alb. and virid.

HAVE DRUGS A DYNAMIC ACTION?

BY E. M. HALE, M.D., CHICAGO, ILL.

IN the November issue of the *HAHNEMANNIAN*, Dr. J. D. Burns, of Grundy Centre, Iowa, has an excellent and readable paper on "The Systems of Medicine." I find only one flaw in it, namely, his attempted defence of the so-called dynamic action of drugs. He quotes a paragraph from my *Practice of Medicine*, wherein I assert that there is no such thing as a purely dynamic force, except in the mental sphere. With a singular misapprehension, he cites the action of belladonna on the tissues of the eye and face. I feel impelled to defend my proposition by stating the *modus operandi* of that drug. He says: "Why should the face be flushed? There is no coloring matter in belladonna that will color the tissues (of the face) red." Certainly not, doctor, nor is there anything in the composition of belladonna that will brighten or dull the lustre of the eye by coming in contact with the eye. I am sure the doctor wrote hastily, or he would not have made such a lame argument. How does belladonna cause these symptoms? Not by contact of its molecules or atoms with the tissues of the eye or face, but by the irritant action of its molecules *on the vaso-motor centres in the brain*. This has been proved by hundreds of experimenters, whose observations cannot be disputed. The eyes and face, and all the peripheral vessels are dilated by the primary action of the drug upon the vaso-motor nerve-centres. The contraction of these vessels by the secondary action of belladonna. This is what blanches the face and dulls the eye.

The molecules of the drug, when taken into the stomach, are absorbed and enter the blood, in which they are transported to the cerebro-spinal and sympathetic nerve-tissues. They have no direct action on the blood itself, the muscles, or the coats of the arteries, but act solely by their effects on the central nervous system.

This the doctor admits; and gives the correct explanation, as I have done; and why he should imply that I am ignorant of the *modus operandi* of the drug, passes my comprehension.

He evidently implies that there resides in belladonna a dy-

namie, imponderable force, which acts upon the nerve-centres of the brain, but he does not bring a particle of evidence to prove it.

I contend, that he cannot cause these symptoms with belladonna above the second dilution. Why? Because there are not a sufficient number of molecules to irritate the nerve-centres, *if they* are in a healthy condition.

But, if these nerve-centres are already in an abnormal state, the case is different. It requires only a comparatively small quantity of ultimate molecules to act upon them. Herein lies the real explanation of the curative action of small doses. We do not need to *cause* one physiological action to cure a similar but pathological action. Herein we differ from the theory of the old school.

If we have a patient presenting the primary symptoms of belladonna, we know that the 6th, or even 12th, of that drug will remove them; but, if the secondary symptoms are present, we must give a preparation which contains more molecules, for it requires a greater number to act favorably upon the diseased tissues.

THE RIGHT TO BE WELL BORN.

BY O. EDWARD JANNEY, M.D., BALTIMORE, MD.

(Read before the Southern Homœopathic Medical Association, November, 1895.)

It is written in that immortal instrument, the Declaration of Independence, that mankind has an inalienable right to life, liberty and the pursuit of happiness.

These rights all authorities should observe, and it should be the aim of society and government to secure them to the people. When we study health statistics, we discover that one-fourth of all children born die before they reach the end of the first year, many of them being dead at birth, and one-half of those born die before they reach the age of five. One-half of the human race, then, fail to secure *the right to life*. Again, it comes to the knowledge of the physician that many children are born sickly, scrofulous, ill-nourished, deformed, imbecile. Such as these

are deprived of *liberty*—the liberty to move about freely, to obtain a good education, to choose an occupation, except in a limited sense—to become, in fine, valuable citizens. From the same causes their *pursuit of happiness* is interfered with. Some of the causes of immature or ill-conditioned birth are social, as, for, instance, overcrowding in tenements, unrestricted immigration, inadequate wages, although in some of these the sanitary element enters; but it is to the medical aspect that attention is now directed.

A gentleman once said, "I am 60 years old, with good health, yet have used liquor in moderation since boyhood. I don't see that it has injured me a particle." Apparently, he is correct in this statement, but let us investigate. One of his children, the eldest, a young lady of 21, has always been nervous, but otherwise has had fair health. The second, a boy of 17, is irritable, nervous, frail—as different as possible from his more robust father. The third child, a girl of 14, is a nervous wreck, far from bright mentally, and a subject of epilepsy. No, the father has not apparently suffered from his continued "moderate" use of liquor, but look at the effect upon his offspring! This illustration may serve to draw attention to one of the evils that bear with severity upon the unborn child and affect its prospects. It only hints, however, at what is a very serious and widespread evil. The *London Globe* says, "According to M. Chervin, in a recent paper, the low birth-rate in France is largely due to prodigality in Paris and thrift in the provinces. M. Rochard, however, ascribes it mainly to alcoholism, the annual consumption of alcohol having enormously increased of late years in France. Paris has a wine-shop for every three houses." The evil results to childhood which follow the use of intoxicating liquor by parents may be remedied in great part if physicians would cease their useless and dangerous prescription of alcoholic preparations in diseased conditions, and also cease to use alcoholics themselves, thus adding to precept the telling influence of example.

But there is another danger threatening the unborn. It arises from the marriage of the physically and mentally unfit. A young man and woman may marry if they love each other, and their union may be a perfect one even if they were penniless when they began their home, but not if they were poverty-

stricken in health. A great part of the fatality and wretchedness of infancy is caused, as we know, by the marriage of the tuberculous, the syphilitic, the hysterical, the mentally unsound. It is now well proved that when a man has had a venereal disease, even gonorrhœa, he never fully recovers, but carries for years, perhaps through life, the power to transmit disease. It is also clearly demonstrated that this is the cause of a large proportion of the diseases of women which produce serious local disorder, and often require dangerous operative procedures. When tubes, ovaries and uterus are inflamed and bathed in pus, the cradle of the race is not in condition to produce a healthy child. In view, therefore, of the physical and mental suffering to wives and children—a suffering amounting often to torture—that is thus produced, physicians should assume, and firmly and courageously maintain, a position of opposition to the marriage of a man who has ever suffered from a disease of impurity. Should this attitude be understood and supported by the public, it would go a long way toward solving the vexed problem of social vice.

Another of the inherent rights of a child is the possession of loving parents. Mutual affection is the only sufficient reason for marriage. When people marry each other for money, or support, or convenience, or passing fancy, or other unworthy reason, their child is defrauded, and this is shown in its constitution or lack of constitution. Man may be easily deceived, but nature never. One need not expect the children of loveless marriages to be as perfect as those in which the parents are joined in that holy union which results only from love. Nor will those so united, and living on a high plane of thought and endeavor, allow a selfish and cruel perversion, within the marriage bond, of a function intended for the propagation of the race. A child born of those who give rein to the animal within them will all his life have to struggle against evil propensities which were placed in his nature before birth. To so burden a human being is the acme of selfish indulgence, and it would seem to be the duty of physicians to avert this danger from the unborn children of the future.

It has been said that the physician's highest duty is to heal the sick. There is still a higher duty—to prevent sickness. From this point of view it is the noble privilege of the physi-

cian to use his mighty influence in the directions indicated. This will require unselfishness combined with a high degree of moral courage—both of which qualities the true physician possesses. Were he to exert this influence thus, wisely, bravely, and with the well-being of those yet unborn in mind, much of the slaughter of the innocents that goes on would cease, and the right to be well born would in part be established.

PUS-KILLERS.

BY H. L. NORTHPROP, M.D.

(Read before the Homœopathic Medical Society of the State of Pennsylvania.)

IN surgical operations and the treatment of wounds we all desire union by first intention. This is often the surgeon's only intention, his ambition; it is what he intended from the beginning.

Primary union means a "good result;" it is what the operator wants, it encourages the patient, it delights the family and the family physician. All concerned in an operation—operator, patient, assistants—contribute everything in their power toward the attainment of a good result,—toward success. The patient performs his duty by telling his operator that whenever he scratches or cuts himself his "flesh always heals quickly." He submits to bathing, shaving, scrubbing, soap-poultices, bichloride towels, etc. After he is anæsthetized he is scrubbed with *sapo viridis*, with carbolic acid, and then washed with ether. Surely no micro-organism would dare to trespass here. The operator and assistants also bathe, scrub and baptize themselves with water plus powerful chemicals. The instruments and dressings, towels and sponges, suture material and irrigating solutions, are all sterilized. Such cleanliness is almost beyond godliness.

Yet, in spite of it all, the wound may *not* heal by first intention. Pus gets in. How does it get there, or what was in or about the wound to favor or to form it? Who made a blunder in the antiseptic technique? Who or what was *not* surgically clean? No one may be able to tell, but the pus is there, and

must be gotten rid of. Now comes the fight, and the surgeon asks himself how he can wage war successfully against this dread enemy.

Possibly we are not skillful enough in preventing suppuration when it threatens, or in controlling it and stamping it out after it has supervened. It is my desire to improve, if possible, upon unsatisfactory wound treatment that prompts this writing.

When a sutured wound threatens to suppurate, it calls for the most vigilant care. Upon the *first intimation* of trouble (a beginning zigzag temperature line, pain in the wound) let the surgeon take every aseptic and antiseptic precaution and carefully examine the wound. Should he find redness, heat, or induration, no matter how slight, his best plan is to keep a constant atmosphere of bichloride in contact with the wound, and to secure this by frequently changed (*i.e.*, every two to eight hours) dressings consisting of iodoform or plain gauze wrung out of hot bichloride solution, 1 : 2000. Let this be kept up for several days, if necessary, until the tide turns either for or against primary union. Even though a small portion of the wound may suppurate, possibly the above vigorous antiseptic warfare will save the greater part of it. As a result of this treatment, I have sometimes seen a bichloric dermatitis, perhaps with diarrhoea and rectal tenesmus. But the wound was saved.

If pus is actually found, the rules for establishing thorough drainage of course hold good and apply.

The frequency of redressing and the kind of dressing material to be used will naturally vary according to the judgment and preference of the surgeon. I think it of far greater importance at this present, that I should write of pus-killers and not pus-carriers.

The surgeon would indeed be little more than an ornament were he obliged to sit by and let nature control a suppurating process. However, there are means at our command by which we may atone for our failure, shorten the treatment, prevent complications, and get a good result secondarily, if not primarily.

Let me first speak of peroxide of hydrogen, a safe and probably valuable agent, a typical pus-killer. Not a favorite of mine, however, for I do not consider it heroic enough. It kills pus, but possesses no inherent antiseptic properties; it will not stop

or hinder the formation of pus; it simply eats up and destroys the pus already formed. To satisfy me, a pus-killer must also be a pus-preventer, and to kill and also *prevent* the formation of pus, we must have an agent which will not only kill the enemy, the pus, but also supply reinforcements to the party attacked, the tissue, *i.e.*, excite it to reaction. Peroxide will not do this satisfactorily, but bromine and carbolic acid, in solution, will.

Bromine next. This agent, as an antiseptic and a pus-killer, was suggested to me by Dr. Terry, of Syracuse, and it undoubtedly possesses much virtue. I speak from experience; were it necessary I could report cases. Instead, let me briefly say that it may be used in any suppurating and dirty wound, and that its method of preparation is as follows:

Bromine, 120 grammes (4 ozs., 179 grains avoirdupois).

Bromide of soda, 125 grammes (4 ozs., 179 grains avoirdupois).

Water, q. s., 1000 c.c. (33.81 fl. ozs.).

Enough of this, the stock solution, is to be added to distilled water at the time of the wound-dressing to give it a distinct amber color. Irrigate the wound freely with it.

Lister has readvocate the use of his first love, carbolic acid, for antisepticising surfaces to be operated upon, and for limiting and controlling suppurating processes.

It has been experimentally proved that a 5 per cent. carbolic acid solution (6½ drachms of 95 per cent. carbolic acid to 1 pint of water) destroys the streptococcus pyogenes in a much shorter time than a bichloride of mercury solution, 1.500. I have demonstrated this clinically, and now take pleasure in sounding the praises of carbolic acid as a pus-killer. Of course we could not irrigate freely with 5 per cent. carbolic *during an operation*, but by its use wounds which had "gone to the dogs," or were about to do so, have been repeatedly saved and made to react and to granulate without complications. A 5 per cent. carbolic solution is pretty strong, and acts more or less as a caustic. Its effects as such can be readily felt by immersing the hands in it, for it will make them tinge and burn. And this is exactly what an indolent, poorly granulating, sloughing wound needs. One irrigation of a 5 per cent. carbolic acid solution will sometimes reduce the amount of discharge to *nil*, make the wound look bright red and healthy and granulate. No other means at

hand, mechanical or chemical, will do this as efficiently. And the surgeon knows full well that we need such means too often.

The carbolic solution should not be used too frequently; it is not necessary to use it every day, for it might do more harm than good. When it is needed the indications are unmistakable, viz.: a suppurating wound with much or little pus, which may or may not tend to burrow; indolent, pale, flabby, granulation tissue, in consequence of which healing is not promoted, but retarded; the presence of sloughs with more or less associated inflammation, through nature's efforts to cast them off; these conditions meet an able foe in carbolic acid.

Let us not be satisfied, then, to simply drain a suppurating wound, or to wait for nature, unaided, to fill up a cavity with granulation tissue. Remember that in bromine and carbolic acid we possess two efficient allies which will render dual service; they will kill the pus and at the same time promote healing of the wound.

CLINICAL HISTORY OF THE DEVELOPMENT OF A CASE OF PARALYSIS AGITANS, WITH REMARKS UPON ITS PATHOLOGY.

BY JOSEPH T. O'CONNOR, M.D., PH.D., NEW YORK CITY.

(Read before the American Institute of Homœopathy, Newport, June, 1895.)

ON December 16, 1892, Mr. R., aged forty, was brought to me by his physician, Dr. Alex. Stewart, of Brooklyn. Patient, a man of medium height, stoutly built, well nourished in appearance and of blooming complexion, has been a "heavy" smoker for years, but has not been "drinking" since 1876. Complains of headaches occasionally, chiefly around the left occipito-cervical region. He sleeps poorly, waking at 2 or 3 A.M., and being unable to get continuous sleep after that hour. Has a slight nausea every morning before and after breakfast. Functions of bowels and bladder are well carried on.

He complains of sluggishness in left arm and foot. He says that when standing still he becomes "anchored" there, and it is difficult for him to move—this is on the left side. There is difficulty in picking up anything with left hand and arm; left leg feels "as if glued to the ground." Complains that there is

a hitch in his gait. No subjective anaesthesia except on tips of fingers of left hand.

Upon examination I found the knee-jerks greatly exaggerated, with a slight ankle clonus lasting for eight or ten oscillations. No loss of equilibrium in standing with eyes closed. Power in hands, arms, and legs first-rate. Subjective weakness in deltoid of left side, but when tested the muscles show great power. Sensations of touch, temperature and pain good in left lower limb, but in left hand temperature sense was poor for cold, while for heat it was too delicate as compared with the right. Triceps and wrist reflexes not exaggerated on either side.

Pupils unequal, the right being the smaller and with poor reaction so that under a bright light the left pupil became the more contracted. His slowest movement is in going up hill. He contracted syphilis ten years or more ago. His hand frequently assumes the pen-holding position.

From the limitation of the affection to the left side and from the sensation of heaviness so often observed in beginning paralytic conditions, from the manifest involvement of part of the third nerve supply of right side and from the antecedent syphilis I gave Dr. Stewart my opinion that the patient had a crus lesion on the right side, probably syphilitic in character, and that possibly there was also the beginning of paralysis agitans. The latter secondary opinion being dependent upon the characteristic position of the patient's hand and the heaviness on beginning to move.

March 1, 1894. Patient seen again. The left arm still bothers him as before. Left foot is better but there is still some little hitch in his walk. His sleep is good. There is no anaesthesia. No occipital pain. The right pupil now paralytic; it is larger than the left and shows no reaction to light. He cannot get up easily from sitting. Diagnosis as before.

February 3, 1895. Patient returned and I was struck by the advance that the disease had made in the direction of the second or subsidiary diagnosis. His face had become fuller, his cheeks of a brilliant and clear dark red, his position as he stood was that of stooping, bending at the hips and knees, the pen-holding position of left hand is constant, and there is a distinct tremor in the fingers, hand, and arm, and this tremor affects the other limbs when he is in any way excited or starts to do anything. It is not a so-called intentional tremor and he can control it.

It is difficult for him to sit down or to get up from the chair. He cannot turn in bed, the exertion is so great, he seems so heavy. In day-time when about he is clumsy, all his actions are slow. He has festination, and when beginning to walk has some retropulsion which he explains as a few steps backward to save himself from falling in that direction. Left pupil is now the larger but the right is still motionless. Diagnosis is now paralysis agitans.

This case is a very interesting one and instructive; it was especially instructive to me. For the evidences of a lesion affecting right crus region are too plain to be denied while the symptoms, even in the earlier stages, when viewed in the light shed by those of the last examination, are those that belong to paralysis agitans. The feeling, when beginning to move, that the leg was "anchored," as he termed it, to the ground, is now seen to be the same that prevents his getting up from a chair except after repeated effort or that prevents his turning over in bed at all, so that at night he has to have an attendant. The condition is not paralytic, for he actually can run up and down stairs, "like a two-year old," to use his own expression.

Just what is the pathological basis upon which rests the well-known clinical symptoms of paralysis agitans, is not known. That it is due to a wide-spread alteration in the nervous system would seem almost self-evident, yet the results of pathological investigation give no one result common enough in all the cases so examined to be considered as an essential anatomical change in the disease.

In connection with the case just read, it will be instructive to state that Blocq and Marinesco, of Paris, reported to the Society of Biology, in May, 1893, a case of paralysis agitans in which the tremor was confined to the left half of the body, and after death there was found a tumor, tuberculous in character and of the size of a hazel-nut, situated in the structure of the right crus (encapsulated). No destructive changes were evident under the microscope beyond a possible thinning of the fibres in the lateral lemniscus. Medulla and upper part of cord showed nothing abnormal, but in the lumbar region there was pachymeningitis tuberculosa, but this had also produced no morbid alteration in the cord.

In the same report the authors state that Charcot had com-

municated to them an account of a case in which there was the characteristic Parkinsonian tremor and attitude in one upper extremity. The post-mortem showed a tumor compressing the opposite crus.

Mendel, in *Berliner Klinische Wochenschrift*, 29, 1885, reported the case of a child, æt. 4 $\frac{3}{4}$, who developed a tremor in right arm, weakness in right leg, and in whom there was found, on post-mortem, a tumor compressing the left crus. The tegmentum of the crus was almost entirely destroyed; the pus was normal, but the red nucleus and superior cerebellar peduncle were destroyed. The region of the lemniscus at the outer part of the tegmentum was but little injured. The tremor, however, was of the intentional variety.

The case that I report in this paper certainly seems to be an addition to the list, and gives additional force to the suggestion of Blocq and Marinesco that a non-destructive affection of the pes of the crus may give rise to tremor possibly by causing excitation of the fibres of the pyramidal tract. To me a more pregnant question would be, may not a slight lesion of the lemniscus cause this tremor by irritation of the muscular sense fibres?

TOTAL EXTIRPATION OF THE UTERUS BY THE ABDOMEN FOR MYOMAS.—Martin. —The vagina is disinfected by tamponing the canal with sublimate gauze. The uterus is raised through the abdominal wound and the broad ligaments are ligated and divided so that the uterus with the ovaries and tubes are separated on either side down to the cervix. The stumps of the ligaments are further secured with Richelot's clamps. The uterus which is now separated on both sides is freely movable and hangs over the symphysis pubis. The utero-sacro ligaments are made tense and easily cut away from the cervix. The posterior vaginal vault is opened from above with the scissors or through the vagina by pushing up a pair of bullet forceps through the vagina. This opening is widened by spreading the blades of the bullet forceps. The peritonæum is stitched to the vaginal tissues and then the vaginal tissues to the remainder of the corresponding ligament. The Richelot's clamps are removed and the cervix uteri is raised out of the vaginal tissues with the bullet forceps. The opposite side of the vagina is then stitched. The anterior vaginal wall is brought into sight and made tense by the uterus hanging over the symphysis. A single thrust of the needle is enough to grasp the anterior wall. The suture is tied and the ends are grasped by a Baumgartner forceps. The anterior vaginal wall is now cut away with scissors and the bladder separated by blunt dissection. The plica peritonei between the bladder and uterus is finally separated with the scissors. One of the threads in the forceps is passed continuously under the wounded surface of the bladder fold of the plica peritonei and then tied with the other thread held in the forceps. The ends of the ligatures are brought down into the vagina and the peritonæum is brought together by a continuous suture over the ligatured stumps. Hæmorrhage is not to be feared, as the main arteries are tied before they are divided. Intraligamentary tumors may cause some difficulties and require enucleation, piecemeal if necessary. The ureters have not been injured in two hundred cases of total extirpation of the uterus. —*Centralblatt für Gynækologie*, No. 31, 1895.

OBITUARY.

AMOS RUSSELL THOMAS, M.D.

AMOS RUSSELL THOMAS, M.D., physician, author, and Dean of the Hahnemann Medical College of Philadelphia, died at Devon, Pa., October 31, 1895, after a lingering illness. He was born at Watertown, New York, October 3, 1826, being descended from Welsh ancestors who were among the earliest settlers of Massachusetts. Dr. Thomas was the son of Colonel Azariah Thomas, who served under General Jacob Brown on the northern frontier in the War of 1812.

Thrown upon his own resources at an early age, Dr. Thomas acquired his education, both literary and professional, by his unaided individual effort. His life was passed in the country until he was nearly twenty years of age, and by manual labor upon a farm he acquired the robust and vigorous physical constitution which he enjoyed up to a year or two of the date of his death. Dr. Thomas's fondness for books led him to devote his intervals of leisure to study, and in this manner he qualified himself and commenced teaching school in the western part of New York. Four years after, in 1850, he engaged in mercantile pursuits in Ogdensburg, New York, but finding this employment uncongenial, he turned his attention once again to professional life. By getting possession of an old Indian skull, which had been exhumed in making an excavation near his place of business, and borrowing a work on anatomy, for the purpose of studying this skull, he became so much interested as to engage at once in the study of medicine. He entered the Syracuse Medical College in 1852, and graduated in February, 1854. Upon receiving his decree Dr. Thomas went to Philadelphia, and, after attending a course of lectures, he again graduated, from the Pennsylvania Medical University. His abilities had long since met recognition, and, upon his graduation from this institution he was immediately offered the position of demonstrator of anatomy by his alma mater, which he accepted, and made Philadelphia his home, holding the chair for



PROFESSOR A. R. THOMAS, M.D.

DEAN OF THE HAHNEMANN MEDICAL COLLEGE, PHILADELPHIA.

BORN OCTOBER 3, 1826.

DIED OCTOBER 31, 1895.

ten years. In 1856 he was made the Professor of Artistic Anatomy in the Pennsylvania Academy of Fine Arts, occupying the chair with credit to himself and the institution for fourteen years, being the first in the history of the world to fill such a position. In 1863 he was appointed to a similar professorship in the School of Design for Women, holding the same for eight years.

After the second battle of Bull Run, during the War of the Rebellion, Dr. Thomas volunteered his services as surgeon, and was assigned a position in the Armory Square Hospital at Washington, where he remained in charge of one of the wards until the wounded from that disastrous field were cared for. He then returned to Philadelphia and resumed his practice, which was lucrative and select. Becoming interested in an examination of the merits of homœopathy soon after settling in Philadelphia, he was finally led to adopt this system of practice, and in 1867 he was called to the chair of anatomy in the Hahnemann Medical College of Philadelphia, which he acceptably filled for nearly thirty years as the loved and honored professor. In 1874 he took up the exacting and responsible duties of the Dean of the Faculty, and for twenty-one years, or until his death, he guided with wonderful success the destiny of the oldest and greatest educational institution of homœopathy in the world. On May 8, 1894, the alumni of the Hahnemann College of Philadelphia and their friends celebrated the jubilee anniversary of forty years' service of Dr. Thomas as professor of anatomy, by raising five thousand dollars and endowed in the Hahnemann Hospital of the same city in perpetuity, "The Amos Russell Thomas Free Bed."

As a lecturer on anatomy Dr. Thomas was remarkably clear and accurate, and his impressive manner at once attracted and retained the close attention of the student. In addition to a large professional business Dr. Thomas found time to contribute a number of important papers to medical journals; write and deliver a number of valuable addresses; especially the presidential address before the Homœopathic Medical Society of the County of Philadelphia and the Homœopathic Medical Society of the State of Pennsylvania. Besides writing a work on *Post-Mortem Examinations and Morbid Anatomy*, which was highly commended by the medical press, and for five years he acted

as general editor of the *American Journal of Homœopathic Materia Medica*. For a few months in 1878 he was associate-editor of THE HAHNEMANNIAN MONTHLY, with Dr. McClatchey.

Dr. Thomas received the Honorary degree of the Hahnemann Medical College of Philadelphia in 1886, and was unanimously elected a member of its alumni association immediately afterwards.

Dr. Thomas was a member of the American Institute of Homœopathy, the Philadelphia County and Pennsylvania State Medical Societies, the Fairmount Park Art Association, the Pennsylvania Horticultural Society, the Academy of Natural Sciences, the Historical Society of Pennsylvania, and a member of the Anatomical Board of the State of Pennsylvania from July, 1883, the date of its organization, until the time of his death.

Dr. Thomas was married early in life to Miss Elizabeth Bacon, of Watertown, N. Y., who survives him, with one son, the distinguished Professor of Ophthalmology in the Hahnemann Medical College, Dr. Charles M. Thomas, and who for a number of years was professor of surgery. His only daughter, Florence, who became the wife of Dr. J. Nicholas Mitchell, died in 1880 of pneumonia.

THE ACTION OF APIS ON THE SKIN.—The face is red, swollen and hot, and smart sympathetic fever is set up. The nose is swollen, red, and edematous, so also are the lips. The whole appearance is perfectly typical of some cases of erysipelas, especially so if it is traumatic erysipelas. Dr. Bojanus, the eminent Russian surgeon, has learned to feel the greatest confidence in its remedial powers in these cases. Dr. Hughes quotes him as saying: "Since we have fully known the virtues of this remedy we have undertaken plastic operations with much more confidence, all fear of bad results from erysipelas being removed." It must be distinctly understood that *apis* is not a remedy for all cases of erysipelas. *Belladonna*, *rhûs*, *lachesis* and *arsenic* are all equally with *apis* called for in certain forms of this disease. That to which *apis* is homœopathic is not the smooth, red shining skin of *belladonna* with a minimum of swelling and a maximum of febrile excitement; it is not the somewhat dusky swelling of *rhûs* with a tendency to the formation of bullæ here and there and typhoid-like febrile symptoms; neither is it the livid-colored swelling, utterly asthenic condition, and gangrenous tendency in which *lachesis* or *crotalus* and *arsenic* are required; but true œdematous erysipelas, when, with a moderate amount of febrile excitement, you have considerable swelling, bright, but not brilliantly red, and tending to become dusky, pitting deeply on pressure and extending over the face, nose, eyes and head.

Repeatedly has a bee-sting or the taking of bee-virus through the mouth been followed by a widely-spread eruption, closely resembling urticaria, attended with burning, stinging and itching. As a remedy in most cases of urticaria it has few, if any, equals. It is also useful in some cases of erythema nodosum.—*Monthly Hom. Review*, Oct. 1, 1895.

EDITORIAL.

AMOS RUSSELL THOMAS, M.D.

ON October 31, 1895, Professor A. R. Thomas died at his country residence, Llangollen, Devon, Pa., in the seventieth year of his age. In his death homœopathy has lost a great and successful leader. His reputation and influence, through the medical educational institution of which he was the head, makes his loss world-wide; but it is at Philadelphia and vicinity, where his life's labor was centred, where his exceptional qualities of head and heart claimed the allegiance of every one, where his extraordinary fitness for his office of Dean commanded the universal respect of his brethren and his pupils, here it is, that his loss falls with greatest weight, and pulls painfully the heart strings of those who loved him.

The history of Dr. Thomas's life is so mingled and interwoven with that of the Hahnemann Medical College and the Philadelphia profession, it is impossible to separate one from the other, and when the sharp lines of demarcation, and the feelings of distrust and antagonism that divided the profession of Philadelphia twenty years ago are recalled, and it is borne in mind that it was largely due to Dr. Thomas's conciliatory spirit and kindly courteous dignity that brought harmony in our midst, and opened the way for the conception, the development, and the realization of the magnificent and powerful institution, of which the profession is justly proud—the Hahnemann College and Hospital—it is natural that all should bless him and mourn his loss.

The younger leaders, pressing forward earnestly with ambitious movements for the school's advantage and permanency, are amazed, on realizing the gravity of the questions confronting him, the enormous responsibilities devolving upon him, and the magnitude of the difficulties he rose superior to and overcome. To them his life's history is an inspiration.

Dr. Thomas was a man of great practical sagacity and large experience, and made few mistakes; he was always safely conservative, and in the early years of his service as Dean, during the struggle for ascendancy between conservatism and the spirit for change, he wisely waited, and for ten years, from 1874 to 1884, there was no radical innovation; and, in one sense, not much was done for the advancement of homœopathy and the Hahnemann College—but in another, great things were accomplished. When present conditions are beyond control, and the forecast of future events is obscured, safety demands the arrest of aggressive activity; this is the educational period of a movement. In 1884, the awakening came; the gradual dying out of party spirit, and the yearning for unity for the interest of the school, made the opportunity, which his ripe leadership boldly seized at its flood and turned to success. In 1884, Dr. Thomas and the group of loyal, courageous men surrounding him, had scarcely a name for the Hahnemann College to live on. Their possession consisted solely of a charter, and a small museum; beginning thus with hardly anything, and fairly considering their disadvantages, the growth and success the movement has since met, is a crowning glory to Dr. Thomas's splendid executive power and intellectual ability. The Hahnemann Medical College, under his leadership, has obtained, during the past twelve years, a prestige and influence far beyond that warranted by numbers, which is destined to live on and increase year by year, owing to the solidity of the foundation of which he was the builder. The decade of preparation paved the way for the constantly increasing prosperity of "Old Hahnemann," and to-day finds her magnificently housed, together with four great buildings for hospital purposes. The curriculum has been enlarged, the standard of requirements elevated, and the course lengthened, maintaining the leading position on the question of medical education.

These results, accomplished by the resolute purpose of Dr. Thomas, teach those who are to take up the duties he so long sustained, to move in similar aggressive lines, and to attempt and obtain similar great results. So, then, our greatest has departed. Dying, he has left us a priceless treasure—an example. A memory to be cherished, and a work to be utilized.

BRAIN-BUILDING.

It has long been known that by the appropriate and systematic exercise of its specific function any organ of the human body could be developed, and its capability for functioning almost indefinitely increased. We have been content for the most part, however, to ascribe this in general to increased metabolism, and to have regard to the organ as a whole, or at most to the tissue of which it is composed. A great advance has been made in this direction by Prof. E. Gates in carrying his investigations, by thousands of experiments upon dogs, rabbits, and guinea-pigs, into the region of *cell*-metabolism and its various stages.

The known elective or volitional activity of some cells, and the conjectural possession of this same activity by all, have been familiar but imperfectly applied facts. Prof. Gates in his experiments has presented us with a new point of view, and has shown how the cell-metabolism has also a psychological significance. In an exceedingly interesting paper on "Cell-Metabolism and Brain-Building," in the *American Therapist* for October, he presents the basal results of his experiments, and promises still further verifications and developments. In a lecture, too, he lately enlarged upon the same subject from an educational standpoint.

Every cell in the human body according to the professor is capable of being affected by its appropriate stimuli. If these are of sufficient strength and duration the form of motion received from the sense-organ produces feeling in the brain-cell. This cell responds to this feeling and acts. The result of that act produces what we call our own consciousness of that sensation, or as he expresses it, "we perceive the sensation, and the result is a percept-memory."

The energy transmitted to the brain-cell from the sense-organ produces a *chemical* change in this cell, and deposition of matter takes place, and the cell grows—metabolism. Repetition of the same feeling and of the same sensation simply augments the quantity of that kind of deposition of new substance in that cell, and therewith "new mind-organs wherewith to function." The rate of growth can be varied by varying the intensity of the stimulus.

By changing the *quality* of the stimulus without calling into play a new brain-cell a different response will follow, and a dif

terent part of the cell will grow, and another new structure will be acquired by that cell; "It will acquire more mind," and its nutritive processes will increase in number and size.

If a stimulus is felt, the feeling is *remembered*, and that memory has its own peculiar localization in some part of the cortex. We have, therefore, as many memories as we have sensations. Muscle-memory cells differ from sight- and sound-memory cells, both anatomically and morphologically, while chemically they stain differently with the same reagents.

Each kind of mental activity produces definite structural changes in certain brain-cells. He maintains that he is able to put a greater number of functioning cells in every area of the brain, and can give prominence to whatever area he pleases. The number of active fibres in a cerebral connective tract can also be increased by effort. He professes to have increased by special training the number of fibres that could be counted under the microscope in the auro-optic tract of a rabbit, as much as one hundred-fold.

There is an air of verisimilitude about his conclusions which makes them very fascinating to any one interested in education, and the many sociological problems which are pressing for solution. The possibilities of mental and moral improvement by carefully conducted brain-building seem almost limitless, if the professor's theories are as well substantiated by the results of his experiments as he asserts. According to his view, however, very few more fibres are formed after the sixth to the tenth year, hence we suppose the new method of education would find its place principally in a reorganized kindergarten system.

As he says, and we must all agree with the justice of his criticism, "Our educational systems leave out many senses and a majority of the possible classes of sensations of each sense; hence many cortical areas are fallow of first-class brain tissue. Our educational systems do not register these percept-memories in naturally related groups, but chaotically in the extreme. In the same hour sight-percepts of various grades, and all other kinds of percepts are promiscuously jumbled together, and they are not systematically reiterated the next day and the next, until a finished and associatively integrated structure results."

The failure to build up this "associatively integrated structure" is, we think, the essential fault of our modern system of

education. Besides a lamentable superficiality, there is a dazzling incoherence about the mass of so-called knowledge with which the student is equipped, which makes of it a jumble, a hodge-podge, a pot-pourri of separate and individual facts, or at best, "branches" of study. United into no coherent whole, what he has acquired lies useless in a confused pile of miscellaneous junk, unassorted, unconnected, entirely wanting all organic unity.

With reference to education in morals these ideas are capable of extended development. By encouraging certain forms of cell-metabolism, and changes in quality, through association, which is the main, and, indeed, the sole weapon against bad habits of mind and body, circumstances and conditions can be made to become incentives to good instead of temptations to evil. Our reformatories will then begin really to reform and rebuild, and our prisons cease to be overcrowded. Heredity will be robbed of its terrors, and the "born criminal" will have to give way to the "manufactured saint."

WOMAN AND THE BICYCLE.

THIS journal feels that it is about time to give utterance to its views on the burning question of the day—Woman and the Bicycle. Not that we are inclined to ascribe any great influence to its utterances, or to imagine that what it may say will promote or prevent the sale of a single wheel, or mount or dismount one female.

It has become so much the fashion of all journals, medical, and non-medical, to take "woman, God bless her," under their protective wing, and tell her what she ought to do and what leave undone, that it would feel itself wanting in enterprise and altogether too conservative did it not tune its dulcet harp to the same tender lay.

We would wish, however, to take the thinking public into our confidence, and whisper into its ready ear, that we think this "woman business" is being rather overdone, and to confess candidly that we would not be a woman for all the glory and honor and "frills" that are usually supposed to attach to that

supplementary work of creation. Had Fate doomed us however to a dissyllabic existence, we would move heaven and earth and all that therein is, to turn the tables on man. Why should woman suddenly be regarded as a *rara avis*, a newly discovered species of the *genus homo*, whose habits and habitat, whose mental and moral, physical and emotional characteristics are constantly to be subjected to microscopical analysis? Why should man arrogate to himself the right to judge *a priori* of her capabilities? Why must she be told in a special woman's column of the daily and weekly papers what kind of man she should prefer as husband; how she should endeavor to gain and retain the affections of man; how she should dress to make herself pleasing to man, etc. Were we a woman, we would in every paper devoted to the interests of women, endeavor to have a man's column, wherein we would try to show what kind of species he is; his characteristics; his weaknesses and foibles; how he should dress to make himself pleasing to the opposite sex; what traits of character are best calculated to make a home happy, etc. Bah! when we think of how we do not hesitate to write of woman, our blood boils—when we imagine the same liberty taken with the affairs of our own sex.

In the coat of mail (male?) with which we are clad from our youth up, we all know that there are many weak spots, many flaws, which would be easily discovered did we not try to dazzle the eyes of our critics by the burnish we give to the rest of the armor. But let us return to our muttons.

Our editorial liver may be out of order; it probably is. But the above outbreak was occasioned by reading of the action of the Mississippi Valley Medical Association, which, while endorsing the use of the bicycle for both young and middle-aged, male and female, "condemned in unmeasured terms the bloomer or bifurcated garments as a costume for bicyclists" (presumably female). This condemnation would have been justifiable if based on an alleged violation of hygienic principles, but such was not the case. The opposition was æsthetic and moral! Heaven save the mark! That we should have lived so long in utter ignorance of the tender sensibilities of the West. Oh! the sweet tender virgin purity of the souls of the white caps! Oh! the delicate peach-bloom of innocence on the cheeks of the lynchers! 'Tis touching to picture the coy blushes of the ten-

der-hearted Western policeman, as he shades his eyes with wide-spread fingers of the one hand, while with the other he arrests the lady wearing bifurcated garments. Why, oh why! should it ever be borne down upon the consciousness of the pure-minded sons of the Occident, with the overwhelming force of a geometrical Q. E. D., that "beautiful woman's" form was itself bifurcated? Perhaps it is their first knowledge of the fact. Our "we" shudders at the thought of their rude awakening from blissful unipolar ignorance. We of the effete East should blush—if blush we can—at the indifference with which we view woman's efforts to free herself from the trammels of conventional serfdom, and to adapt herself and her clothing to the requirements of her new environments. We almost venture to rejoice to think that reason not fashion, utility not prudery, are beginning to make themselves heard in the councils of women; and we quite venture to assert that it is none of man's business what woman chooses to wear, any more than it is woman's to dictate to man as to his clothing.

As to the healthfulness of bicycling, for man or woman, we feel that further experience and observations can alone decide. As to bicycling for woman, we know that it is a fad of the present time, and are inclined to "hedge," knowing that it will not be long before a reaction will set in and the female "wheelman" will be at a discount. Until then we would say, with all the seriousness which the importance of the subject demands, that we consider the exercise of bicycling unobjectionable for those women whom it does not injure in mind, morals, or health. The direction in which we feel that the greatest danger lies we have seen referred to but once, and that by a female physician, and she a bicyclist. We refer to the possible and almost inevitable excitation of the nerves and sensations produced by the motion of the limbs and the pressure of the saddle as at present used. We know the effects on men of the riding astride, and a very little inquiry will prove that the danger is not chimerical. But let woman be the judge. There are female physicians, let them examine the question experimentally, and let their opinions be of weight. Woman is of age, let us hear her.

GLEANINGS.

GENERAL MEDICINE.

CONDUCTED BY

WM. W. VAN BAUN, M.D., AND FRANK H. PRITCHARD, M.D.

TETANUS CURED BY HYPODERMIC INJECTIONS OF CARBOLIC ACID.—Dr. L. Y. Ocherovsky, a Russian military physician, in a case of tetanus from a gunshot wound of the left lower extremity, where trismus, with consecutive tetanic symptoms appeared on the tenth day, employed subcutaneous injections of a solution of carbolic acid with success. In spite of morphine, opium and chloral, in large doses, the convulsions became more frequent and intense, and death seemed imminent. Then, ten days after the appearance of the tetanic symptoms, ten drops of a 2 per cent. solution were injected every three hours. After two days of this treatment, the seizures improved manifestly, respiration became easier, and thirteen days still later the patient left the hospital completely cured. The total number of injections was twenty-eight.—*Ibidem*.

THE DIFFICULTIES OF THE TREATMENT OF TINEA TONSURANS.—Henri Alexandre Martin, *Thèse de Paris*:

1. The author examines the various methods of treatment of tinea, and concludes "that there does not exist at the present time a satisfactory treatment for tinea tonsurans."

2. He gives a summary of Sabouraud's recent work and accepts all his conclusions. From the doctrine of plurality of species it follows that such treatment cannot be specific, for there are many varieties of tondants, each of which requires a special therapeutics.

3. Since cases will ultimately recover spontaneously, it is not justifiable to employ methods which cause destruction of the hair-follicles, and which lead to the formation of a hairless cicatrix.

4. Unfortunately, of the methods at present known those which spare the follicle are unable to attack the parasite on account of the deep implantation of the hair and the narrowness of the mouth of the follicle.

5. The difficulty in diagnosis, especially of early cases, is pointed out. In the earliest stages the hair does not appear to be altered. The lesions may easily be confounded with seborrhœa, psoriasis, impetigo, etc. In suspected cases he advises that the head should be painted with tincture of iodine, for this not only enables one to confirm the diagnosis, but brings into prominence the earlier lesions, destroys them, and acts as a prophylactic to the further spread of the disease.

6. It is even more difficult to decide when a case is cured. A cure can only be declared when two careful examinations, at an interval of one month at least, do not reveal any parasite; even then one may be deceived.

7. The difficulties of treatment and the extreme contagiousness demand energetic prophylactic measures. The management of epidemics in schools is thoroughly discussed, and the establishment of State hospitals for isolation is strongly advocated. It is not sufficient, however, to isolate tinea cases; the different varieties should be kept apart.

8. In all cases the preliminary measures recommended by most authors should be carried out, viz., the head shaved, washed daily with soap and warm water and kept covered by a bonnet or cap. In all cases the head should be painted with iodine for the reasons given above.

1. *Large-spored Varieties of Animal Origin*.—The tendency of these forms is to cure themselves by a process of inflammatory diminution, complete alopecia not resulting unless the inflammation be very intense. The primary indication for treatment, therefore, is to control the irritation by meal poultices, which have

also the advantage of removing crusts, etc. Where there is little or no folliculitis it is necessary to provoke slight irritation. This may be done by the application of an iodine ointment (3 to 20 in 100). The duration of these cases is from two to four months.

2. *Large-spored Varieties of Human Origin.*—Treatment by irritants seems to be the best at the present time. The fungus in this form is almost exclusively confined to the hair, and epilation is recommended, together with the application of tincture of iodine and Vigo's plaster. Though complete epilation is difficult, yet one obtains a bald patch, allowing easier application of the plaster, and perhaps also the entrance of the iodine into the follicle is facilitated. The results of this method are to cause (1) a vesicular inflammation (2) or a deeply-seated exudation. These remedies act probably by producing a secondary pus infection antagonistic to the growth of the fungus. In cases of fragile mycelium, where the hairs often do not pierce the integument, rendering epilation impossible, it is well to remove the superficial epidermis by means of shaving, scraping, iodine applications or collodions. In those cases where there are no large plaques, but small groups of diseased hairs scattered over the whole scalp, gauze dressings appear useful. A thick cap of iodized wool can be applied to the head and covered with oilskin.

3. *Small-spored Variety.*—Here there exists the same difficulty in epilation and the same impossibility of reaching the follicle.

According to Sabouraud, the staphylococcus has no deterrent effect on the growth of the microsporon and does not cause deep inflammation of the scalp. Martin entirely agrees with Sabouraud and says: "We must, therefore, look for other treatment than that of irritative medicaments." The best results have been obtained by the alternate application of tincture of iodine and a pomade of carbonate potassium. The pomade facilitates the epilation of the hair, so that at the end of three weeks or so, by using great gentleness and care, the hairs can be epilated almost or quite entire, and thus facilitating the penetration of the iodine into the follicle. The duration of this type under such treatment is not definitely stated.

4. *Treatment of the Last Stage of Tinea Tonsurans.*—In all cases, after arriving at a certain stage of the cure, there remain isolated spots of a few hairs which may resist all treatment. It is justifiable then to destroy these hairs by needling or electro-cautery.—*British Journal of Dermatology.*

CASE OF SUDDEN DEATH DUE TO CARDIAC SYPHILOMAS.—Sir Dyce Duckworth has presented the case: T. W., æt. 35, a strongly-built man, was walking in the street carrying his little boy on October 7, 1894, when he suddenly fell down and expired. The body was carried to St. Bartholomew's Hospital, and was examined on October 9th. A very meagre antecedent history was obtained, which threw no light on the nature of the case. There was evidence of old syphilitic disease on the tongue and on the glans penis. A small gumma was found on the left lung. The heart weighed twenty-two ounces and had firm adhesions to the pericardium, both at the apex and at the base. The right ventricle was hypertrophied and dilated. There was a round depression in its wall above the apex, the diameter of a shilling, covered by long adhesions. This was due to a thinning of the wall with much endocardial thickening. A large aneurismal pouch was found behind the posterior cusp of the mitral valve. This appeared from without as a tumor growing from the base of the heart, completely covering the left auricle. Its walls were half an inch thick and the pericardium was closely adherent over it. On section the muscle was found to be replaced by tough fibrous tissue, with foci of gelatinous matter. The endocardium was greatly thickened and fibrous. Microscopic examination proved it to be gummatous in nature, with patches of caseation. The smaller arteries showed signs of endarteritis. These appearances indicated plainly a recent gummatous growth at the base of the left ventricle, and a similar but older one near the apex of that cavity. The fact of sudden death as a frequent occurrence in cases of this nature was alluded to, and it was pointed out that these clinical features were but little known and necessarily but seldom recognized. The morbid anatomy was well understood. The author had collected particulars of fourteen similar cases, some of them reported in England, but none communicated to the London Society. Death occurred almost, if not quite, suddenly in eight of these cases. The disease was rare in women, only one of the fourteen having occurred in that sex. The mean age of all the patients was thirty-two. Many of the cases appeared to

have been previously devoid of urgent symptoms. In some there had been pericardial pain. It was pointed out that graver symptoms were to be expected when fibrotic changes followed in the evolution of the gummatous growths and when they led to aneurisms of the ventricular walls. The valves were usually not involved, and hence murmurs were not to be met with as in the case of rheumatic endocarditis. The ventricles and their septum were the common sites of these growths. Tendency to fatal and sudden syncope was probably explicable by the fact that endarteritis affected the coronary arteries in part, and possibly by the occurrence of embolisms from the softening contents of aneurisms into coronary arterial branches, the ventricular walls degenerating in consequence and becoming gradually intolerant of strain. The great object was to make an early diagnosis when possible, and to seek for syphilitic concomitants in cases where there were obvious cardiac symptoms, such as palpitation, or infrequency of pulse, hypertrophy, dilatation, etc., and no sign of involvement of the valves. The treatment was to employ iodide of potassium in full doses.—*The Provincial Medical Journal*, November, 1895.

FUNCTIONAL HEART MURMURS.—Whether bruit accompanying the sounds of the heart indicates organic lesion, or is due to transient conditions, or the character and circulatory force of the blood, is a question which frequently arises, and the correct answer to which is always important. Dr. David Drummond (*Lancet*, July 27, 1895), has published a contribution on the subject. He discusses three varieties of functional murmur; the cardio-hæmic or anæmic, the cardio-muscular—which he also calls by the new name neuro-typtic—and the cardio-respiratory. He has found that posture, which does not materially alter the character of the organic bruit, has a decided influence on functional murmurs the hæmic bruit being loudest in recumbency, the neuro-typtic, or the murmur of excited muscular action, loudest in the erect position, and the cardio-respiratory, or the bruit accompanying breathing, loudest when standing and towards the end of inspiration. Similarly, the murmur of organic lesion is little affected by exertion; that of anæmia is loudest when at rest; the neuro-typtic is loudest after exertion or excitement; and the cardio-respiratory is also best heard during excitement, and may be inaudible after rest. The respiratory test applied to all except the cardio-respiratory shows that the murmur is loudest at the end of expiration, while the cardio-respiratory bruit is, as has been stated, loudest at the end of inspiration. The position of maximum intensity also differs. The comparison being made with organic mitral bruit, this is found at the apex, and is conducted outwards, the hæmic bruit being loudest in the pulmonary area and rarely heard beyond the apex; the neuro-typtic he found to be loudest in the fourth interspace close to the sternum, while the cardio-respiratory was to be found the most variable in position. It will be admitted, however, that, important as the careful observation of every sign is, when the question of organic or functional bruit arises, it is not to be determined by the consideration of any one class of phenomena, but by a consideration of all the circumstances of a case, cardiac and extra-cardiac, and, above all, by avoiding the indication of any rule-of-thumb signs.

THE CARDIAC LUNG.—The condition of the lung in relation to cardiac disease has long been a study full of interest to the physician. Long ago Dr. Wilkinson-King pointed out how a dilated left auricle, by pressing upon the neighboring bronchial trunk, could induce a splenisation of the base of the left lung; while Dr. Wilks, among others, has remarked the preponderant tendency of the base of the right lung to become engorged in fatal cases of heart failure. Dr. Boy-Teissier gives an exhaustive study of "Le Poumon Cardiaque" in the *Revue de Médecine* (No. 12, 1894). The clinical signs of the cardiac lung are scattered subcrepitant râles at the two bases, resonance a little increased above the normal all over the lung, a general harshness of inspiration more noticeable at some points than at others and an absence of signs on expiration. The emphysema consecutive to heart disease is symptomatic, not primitive; constant, never generalized, never advanced, and limited to a small number of vesicles. The anatomical characters of the cardiac lobule are: Thickening of the perilobular tissue; increase in size of the central space with more or less altered bronchus, and arteries affected with endarteritis or periarteritis, or both these conditions; embryonal infiltration at first and fibroid change along the intervalveolar septa with reduction of the cavity of the alveoli, and finally dilatation of all bloodvessels with thickening of their external tunic.—*The Practitioner*, Nov. 1895.

GENERAL SURGERY.

CONDUCTED BY

WM. B. VAN LENNEP, A.M., M.D. AND H. L. NORTHPROP, M.D.

DIAGNOSIS OF SYPHILITIC SARCOMATA AND LYMPHOMATA.—Esmarch, at the recent twenty-fourth Congress of the German Surgical Association, in Berlin, read an interesting paper on these neoplasms. A knowledge of this subject is very important, for many cases of sarcomatous tumors of syphilitic origin have been treated by operation. He himself has observed forty such cases that were sent him for operation, and a still larger number where syphilis was suspected. Those cases are suspicious where signs of syphilis are still present, or where the parents or family suffer from syphilitic affections; further, those cases where the growth is situated in the muscles, especially in the sterno-mastoid, the muscles of the back, etc. Again, those sarcomatous growths where recurrences after extirpation appear, with greater and still greater rapidity. For example, in a case of sarcoma of the sciatic nerve, after repeated recurrences, he exarticulated the hip; then, the patient under the use of the iodide of potash, 10-15 grammes daily, total amount four pounds, remained completely free from the affection and in good health. Those cases are also suspicious which are favorably influenced by arsenic. As an example, he presented a case of sarcoma of the mammary gland, which, after four operations, remained free under the use of arsenic. Again, those sarcomata influenced by erysipelas also belong in this class. Careful investigation of the origin of the growth is necessary; its manner of growth and consistence are of no diagnostic importance. Many syphilomata are not to be distinguished from small or spindle-celled sarcomata, while carcinoma is easily recognized by a trial incision. Fatty degeneration in a grayish-red granulation tissues indicates syphilis. One should not become discouraged in treatment, if the immediate results are not striking.

In the discussion following, Lindner believed that many of the wonderful cures of homœopaths in inoperable tumors were in growths of a syphilitic origin. Rose called especial attention to the proneness of late hereditary syphilis to produce malignant tumors, with a syphilitic origin.—*Berliner Klinische Wochenschrift*.

FOUR CASES OF ACTINOMYCOSIS OF THE FACE AND NECK CURED BY THE IODIDE OF POTASH.—Dr. Meunier recently related before the Paris Academy of Medicine four cases of cervico-facial actinomycosis which he had treated successfully by the iodide of potash. The disease in this region, though often confounded with other affections, presents decided characteristics. Three periods are recognizable. The first is characterized by a pronounced tumefaction and a compact induration of an inflammatory appearance. The second period presents, in the superficial layers of the epidermis, nodes and fungous tumors. These tumors become the seat of small miliary abscesses, which give rise to fistulous tracts. In the third period the affection invades the bones of the face, producing considerable lesions and a rapidly fatal cachexia. Neither glandular involvement nor generalization is ever observed. The actinomycosis seems to extend by contiguity, and not by the lymphatics nor the bloodvessels. It is to be differentiated from: external lesions produced by carious teeth, phlegmonous processes from breaking down of a lymphatic gland, abscess from a periostitis; tuberculosis of the cervical glands; syphilitic lesions, malignant tumors of the maxillary bone. Errors will be prevented by searching for the "ray fungus," which is of a yellowish, greenish or white color. The iodide of potash is a specific in the disease; it does not act directly upon the fungus, but by rendering the soil incapable of furnishing it nutrition. Treatment will vary from six weeks to two months.—*La Semaine Médicale*.

INJURY FROM EXPLOSION OF A GUN.—Ziegler records the interesting case of a patient who, four months previously, had been severely injured by the explosion of a gun barrel, which had badly lacerated the left side of the face. The injured parts had completely healed excepting a small fistula, at the bottom of which a rough spot was to be felt with the sound, which was thought to be necrotic bone. On dilating the fistula, a large piece of iron, the whole breech-pin with its screw, was extracted. Healing immediately followed uneventfully.—*Muenchener Medicinische Wochenschrift*.

PULMONARY EMBOLISM COMPLICATING A POTT'S FRACTURE.—Langenbuch reports the case of a man of fifty-six years who fell down stairs and sustained a Pott's fracture of the ankle. When admitted to the hospital he was emaciated and distinctly cyanotic. The skin over the inner malleolus was tense, and presented a subcutaneous effusion of blood. The patient was treated with a plaster bandage, and as the mentioned portion of skin became gangrenous the dressings were necessarily frequently changed. No fever at any time. Four days after applying the last dressing, and about four and a half weeks after the accident, he suddenly felt ill; during the night he was seized with dyspnoea, and in a few minutes he was dead. The necropsy revealed a total embolic occlusion of the pulmonary artery, originating in an older thrombus of the inferior vena cava, of which there still remained fragments. Besides, there were older infarcts in the lungs and liver. The heart muscle was brown and atrophic as well as flaccid and the kidneys were in incipient contraction. No fatty emboli.—*Deutsche Medicinische Wochenschrift*.

SPONTANEOUS EXPULSION OF WOOLLEN THREADS FROM A PUNCTURED WOUND.—Wiesinger presented a curious case to the Hamburg Medical Society. A young woman of twenty-two years had four years previously thrust an upholsterer's needle into the dorsum of her hand. The needle was threaded with a piece of yarn. It was extracted, but the thread could not be found. In three days the wound had cicatrized. In eight to fourteen days small and red points were noticed near the extensor tendons of the hand, which were recognized as woollen fibres, and extracted. In the course of time more fibres came to the surface. The process lasted for four years, the threads moving upwards and downwards were extracted as far up as the elbow, and as far down as the base of the thumb. In the course of time from two to three thousand red fibres were removed. Several incisions exposed large quantities of fibres of a reddish color, yet without effecting anything radical. During all this time the hand and fingers remained movable, and performed all their functions.—*Muenchener Medizinische Wochenschrift*.

UNION OF A NERVE BY FIRST INTENTION.—Gluck records a case where, in operating on a child of one and a half years for an extensive tuberculosis of the right radius, he severed the radial nerve. After careful disinfection sutures were applied, and then the skin united in the same manner. Healing took place by first intention. In fourteen days the first signs of a restoration of function were noticed, and in about four weeks the functions of the muscles supplied by this nerve were normal. This is the first case of union of a severed nerve by first intention in the human subject.—*Deutsche Medicinische Wochenschrift*.

GYNÆCOLOGY AND OBSTETRICS.

CONDUCTED BY

GEO. R. SOUTHWICK, M.D.

DRAINAGE OF THE CUL-DE-SAC OF DOUGLAS THROUGH THE VAGINA—Bois-leux.—The writer believes that the capillary drain—i.e., the gauze-drain—is insufficient, and that it allows the cul-de-sac to close too soon—i.e., within forty-eight hours after the operation, and that suppuration may recur in consequence. He prefers a T or cross-shaped rubber drainage-tube, English black rubber, eight millimetres in diameter. After the operation is completed—i.e., when the pus is emptied, the pseudo-membranes removed, the diseased part excised, the adhesions separated, so that all the organs are free and accessible for treatment, and hæmorrhage is arrested—then the patient is ready for the drainage-tube. The cavity is dried with tampons squeezed out of an antiseptic solution, and allowed to remain in place for a few minutes for antiseptis and hæmostasis. The tampons are made of gauze pads filled with lint or cotton, and are two centimeters wide and fifteen or twenty long, as may be required. The rubber drain is soaked for five minutes in iodoform and ether, and a small strip of gauze is introduced through it, to prevent

clots forming in the canal and stopping it up. This strip of gauze should not occupy more than one-third of the calibre of the drainage-tube, as there is danger of stopping it up. Two napkins wrung out of a 2½ per cent. solution of carbolic acid are laid over the vulva, and a T-bandage is applied. Iodoform gauze is used in the vagina. The napkins must be changed twice a day, independent of the vaginal discharges. The danger of infection still exists after an operation, in spite of all antiseptic precautions, and the success of the operation depends on a careful prophylaxis. The strip of gauze in the drain is removed on the first day after the operation. The second day the vaginal dressings are changed and also on each successive day. Iodoform gauze is used after intra-peritoneal injections of a one-half of 1 per cent. solution of carbolic acid. All pressure must be avoided. The ninth day the dressing is changed, and creosote oil is used after the formula of Dr. de La Jarige, olive oil 100 grammes, creosote 2.50 grammes, and menthol 5 grammes. This same formula, using double the quantity of creosote and also of menthol, has given very good results in the treatment of tuberculous fistulae—much better than iodoform. The mixture is homogeneous, and was prepared originally for intratracheal use. The usual strips of gauze are thoroughly saturated with the weaker solution of the creosote, and are carefully introduced into the vagina and placed direct on the wound behind the cervix. The vagina is cleansed with forceps and little balls of cotton dipped in a carbolic solution. In all these manipulations vaselin with 5 per cent. of boracic acid is used to protect the vulva from irritation. The duration of drainage averages four or five days; but if the purulent secretion continues longer, drainage must be continued. Most patients can sit up on the eighth day, and leave their room on the fifteenth day.—*Centralblatt für Gynäkologie*, No. 50, 1894.

LIGATURE OF THE PEDICLE OF AN OVARIAN TUMOR SEVEN YEARS AFTER THE OPERATION.—A. Doran.—An autopsy was performed on a case of general and kidney tuberculosis seven years after an ovariectomy. The ovarian vessels had been tied with No. 3 Chinese silk. The stump was found as a hard knot of tissue close to the uterus and about half a centimetre thick. Careful examination of the knot and section of it showed no trace of the ligature. This condition strengthened Doran in his opinion that the best ligature material is twisted Chinese silk, No 3 size, for pedicles of ordinary thickness, and No. 4 for only the thickest ones. The silk should be as thin as possible, so that it will cut deep into the tissues of the stump, bury in it, and become entirely encapsuled.—*Ibid.*

DISCUSSION ON INTRA-UTERINE TREATMENT.—Olshausen warns against the use of the sound, which often introduces septic germs into the uterine cavity. Even careful douching is no guarantee that the cervix contains no pathogenetic organisms. Uterine injections are often followed by colic, and occasionally by peritonitic pains and sensitiveness about the tubes, but these symptoms soon disappear by the use of morphine and rest. The introduction of fluids on Playfair's probe will not take the place of an injection. Iodoform gauze tampons are recommended to dilate the cervix in preference to laminaria tents. He recognizes only two indications for the use of the curette apart from its use in abortions, *i.e.*, for diagnostic purposes, and for the removal of growths of the endometrium characterized by hæmorrhage and by a marked succulence of the cervix. The curette should not be used in pure catarrhal diseases of the corpus uteri or in diseases of the cervix. Perforation of the uterus occurs more easily when the cervix is held by a tenaculum; the fixation is only necessary in cases of antelexion. After the use of the curette in fungous endometritis, Olshausen considers an injection of a ten or twenty per cent solution of the chloride of zinc the best means to prevent recurrence. Falk called attention to the uselessness of applying fluids to the uterine cavity on cotton carriers like Playfair's sounds, as the internal os contracts and presses out the fluid. Even the antrophores, which he had formerly recommended for medicating the uterine cavity, were liable to cause uterine colic and press infectious germs out from the uterine cavity into the tubes and thence into the abdominal cavity. He is very much opposed to any form of intra-uterine treatment in office practice. Landau in general advises the limitation of the curette, and the entire abandonment of uterine injections. Duhrssen advises that the patient be etherized, and if a careful examination shows any inflammation of the tube, particularly pyosalpinx, the use of the curette is absolutely contraindicated.—*Ibid.*

MONTHLY RETROSPECT OF HOMŒOPATHIC MATERIA MEDICA AND THERAPEUTICS.

CONDUCTED BY

CLARENCE BARTLETT, M.D.,

FRANK H. PRITCHARD, M.D., AND F. MORTIMER LAWRENCE, M.D.

CIMICIFUGA AND CAULOPHYLLUM: A COMPARISON.—*Cimicifuga* is a remedy having a wide range of action, and which has won for itself by sheer merit a prominent place in therapeutics well deserving the title polychrest. *Caulophyllum* has a limited range of action, but within its limit, applied in strict accordance with physiological manifestations, it is certainly a most valuable remedy. The chief point of difference between these two drugs lies in the important fact that, while the *cimicifuga* is a depressing irritant, it produces persistent tonic contractions or spasms, and that *caulophyllum*, likewise a depressing irritant, produces intermittent or clonic spasms, soon followed by complete atony. Tonicity is therefore characteristic of the one while atony is equally characteristic of the other. This action is especially exemplified in the uterine sphere, and it is here that we find the chief and almost only point of differentiation between the two drugs. In *cimicifuga* the action seems to come through direct influence of the spinal nerves which is not so evident in the action of *caulophyllum*. Therefore the former covers a large range of reflex disturbances in the ovario-uterine sphere in which *caulophyllum* is practically useless. On the other hand, too, *cimicifuga* produces many reflex disturbances in various parts of the body, especially in women, due to ovarian-uterine irritation, which is not the case with *caulophyllum*. These reflex disturbances are of a neurotic character, such as neuralgia, chorea epileptiform convulsions, etc., in the treatment of which *caulophyllum* forms no part of our curriculum. *Cimicifuga*, as is well known, constitutes one of our best remedies in the treatment of suppressed, tardy or irregular menstruation, especially when accompanied by reflex nervous disturbances. *Caulophyllum*, on the contrary, is useful in too profuse and too frequent menstruation, the flow being passive in its character. However, *caulophyllum* may be at times indicated in suppression of the menses where there is great atony of the organs or where clonic spasms of the uterus are present, and at the same time *cimicifuga* may prove useful in rare cases of menorrhagia when the blood is dark and clotted, with severe persistent pain extending through the hips and down the thighs. *Caulophyllum* is of greatest value in the treatment of passive hæmorrhage following abortion or confinement due to atony of the uterus. As such a condition is seldom if ever present except as a result of an atonic state, *cimicifuga* is rarely useful. Both are valuable parturifacients. *Cimicifuga* is indicated for the so-called "false" pains, when they do not force downward but shoot upward and across the abdomen. If *caulophyllum* is indicated, the pains are weak and do not force downwards but pass off with a kind of shivering. *Cimicifuga* also gives "shivers" during the first stage of labor, but not associated with the weak atonic condition which indicates *caulophyllum*. The latter is said also to dissipate the annoying pains which sometimes occur for weeks before confinement and apparently threaten premature delivery. It has also been claimed that this drug would calm all irritation before time, remove all functional abnormalities and prevent painful and tedious labors. Both are useful in threatening miscarriage, *cimicifuga* with flying pains and *caulophyllum* with clonic uterine spasms and hæmorrhages. Either remedy may be called for when there is a "rigid os," but *cimicifuga* is oftenest required. Both are useful for afterpains, but *cimicifuga* is oftenest indicated the pains being severe and the patient becoming so sensitive to them that she is almost if not quite hysterical. *Caulophyllum* is more often

needed for afterpains following an exhaustive and tedious labor. Both are useful in sub-involution, but as the condition is one of atony *caulophyllum* is most often called for. Such is also the case when a protracted lochia exists due to the same cause. Both remedies are valuable in dysmenorrhœa, but *cimicifuga* is far oftener indicated. Indeed, with the exception of *riburnum*, no remedy in the whole materia medica can compare with *cimicifuga* in this direction. The dysmenorrhœa is rheumatic or neuralgic in character, with bearing down in uterine regions and small of back. limbs feel heavy and torpid, sometimes shooting pains, often hysterical conditions. With *caulophyllum* there may be and often is spasmodic pain in the uterus and hypogastrium, but more often the pain is as if the uterus were heavy and congested. *Caulophyllum* is often a valuable remedy in prolapsus uteri and in retro- and ante-versions when the displacement is due to atony of the organ. *Cimicifuga* is rarely useful in uterine displacements. For the same reason leucorrhœa rarely calls for *cimicifuga* unless accompanying symptoms so strongly indicate the drug that the accompanying abnormal discharge becomes of secondary consideration. *Caulophyllum* is indicated for a profuse leucorrhœa resulting from atony of the mucous membrane.—Dr. A. C. Cowperthwaite, in *N. A. Journal of Hom.*, Sept., 1895.

JABORANDI IN SPASM OF THE ACCOMMODATION.—*Jaborandi* is very similar to *physostigma* and *agaricus* in its action upon the accommodation, though it has been of more service in spasmodic affections of the ciliary muscle than either of the two latter remedies. It is opposed to *duboisin* in its action, the latter being indicated in true weakness of the accommodation, while *jaborandi* is called for in irritable weakness.—*Hom. Eye, Ear and Throat Journal*, August, 1895.

PULSATILLA IN AFFECTIONS OF THE LACHRYMAL SAC.—No remedy is more frequently needed in the early stages of acute phlegmonous dacryocystitis than *pulsatilla*. It will sometimes abort the inflammation and prevent the formation of pus even when the swelling at the inner angle of the eye is extensive, sensitive to touch and involves both lids. It may be useful throughout the whole course of the disease. For blenorrhœal inflammation of the lachrymal sac it is also valuable, especially if the discharge is profuse, yellow, white, thick and bland, and occurring in a *pulsatilla* temperament. It has appeared to be particularly called for in affections of the lachrymal sac found in children.—*Hom. Eye, Ear and Throat Journal*, July, 1895.

MERCAURO IN SYPHILIS.—The beneficial effects of *mercauro*, the *liquor auri arsenii hydrargyri bromidi* in syphilitic affections was demonstrated recently in a neglected case of iritis with adhesions. The usual remedies proving of no benefit, he was put upon ten-drop doses three times a day, in conjunction with local instillations of a one per cent. solution of atropine. The iritis rapidly disappeared, and though full dilatation of the pupil was not secured his vision became normal. Other syphilitic manifestations which were present disappeared at the same time.—*Hom. Eye, Ear and Throat Journal*, July, 1895.

THE THERAPEUTICS OF OPHTHALMIA NEONATORUM.—In addition to the local use of corrosive sublimate, boracic acid and nitrate of silver, Dr. J. E. Mann recommends a number of remedies from our materia medica. Of the large list, *argentum nitr.* is the one most called for. It is the remedy for purulent inflammation of the conjunctiva; and the less subjective symptoms we find, the more it is indicated. The swelling and puffing out of the lid under *argentum* is due to sub-conjunctival and not from connective-tissue infiltration of the lid, as we find under *rhus* and *apis*. *Hepar* is indicated especially in ulceration of the cornea, and is to be always given in case of pus in the anterior chamber of the eye or hypopion. In a *hepar* eye the lids will be swollen, spasmodically closed, very sensitive to touch and bleeding easily upon attempting to open them. Photophobia is intense; the child will bury the head in the pillow to prevent the least ray of light reaching the eyes and to get the warmth, which relieves the severe throbbing, aching pain.

Pulsatilla is of great value when we have the characteristic temperament. The discharge is profuse and bland. Eyes worse in evening, and better in the open air. Should be used intercurrently with *argentum nit.*

When the discharge is thin and excoriating and caused by syphilitic leucorrhœa, *mercurius* is the remedy. Symptoms all worse at night. *Calcarea hypophos.*, *calcarea carb.*, and *silicea* are the remedies to clear up remaining corneal opacities.—*Hom. Eye, Ear, and Throat Journal*, July, 1895.

RUTA GRAV. IN ASTHENOPIA.—In the relief of *asthenopia ruta grav.* is a remedy of the first importance. It is more often indicated in weakness of the ciliary muscle than of the internal recti. Such asthenopic symptoms as heat and aching in and over the eyes, feeling as if the eyes were walls of fire at night, blurring of the vision, letters seem to run together, and lachrymation, which are caused or always made worse by straining the eyes at fine work, or too much reading, are often relieved by a few doses of *ruta*.—*Hom. Eye, Ear, and Throat Journal*, September, 1895.

THE THIRST OF ARSENIC.—It will be seen, that under *arsenic* there is "total absence or loss of thirst," as there is thirst which is unquenchable. Hahnemann looked upon the former as "a rare alternating action" of the drug. There is no proof that this is necessarily so. It is possible, that in some cases the action of *arsenic* might be directed to some other organ or organs than the stomach and its governing nerves or nerve-centres, and in such cases there may be no thirst. Hence, other symptoms corresponding, thirstlessness would be no contraindication for *arsenic*.

It will be further seen, that though *arsenic* has thirst, under which the patient drinks often, but little at a time, it has also thirst in which the patient or prover drinks very frequently but *much* cold water every ten minutes, sometimes several jugs in the course of half a day. Hahnemann evidently looked upon the latter as a rare symptom, and the former as a more frequent one. This is, probably, because in poisonings and in provings the stomach suffers more frequently than other organs; and, when an actual inflammation is set up in the organ, there may be, as pointed out by Dr. Richard Hughes, "desire to drink, with inability from the irritable state of the stomach to take more than a small quantity at a time." Dr. Hughes has very properly observed, that "in inflammations occurring elsewhere, and in general fevers, the thirst may be as insatiable as possible without forbidding its employment." In our practice, "insatiable thirst for large quantities of water," not only in fevers but in cholera and other diseases, has often been, along with other symptoms, a certain indication for *arsenic*.—*The Calcutta Journal of Medicine*, June, 1895.

NASAL POLYPI CURED BY CALCAREA CARB.—Dr. Stimson reports a long-standing case of polypi narium in a lady to have been quite cured after she had taken six doses of *calcarea carb.* 12 every fourth morning during a month. This immunity has now continued for six months. The drug was prescribed for the group of symptoms as follows: Menses premature, profuse and protracted, renewed after least excitement; inward coldness (aggravated at night); palpitation on slight emotional influences; digestion feeble; feet damp and cold.—*Monthly Hom. Review*, Aug. 1, 1895.

ALUMINUM AND PHOSPHORUS IN LOCOMOTOR ATAXIA.—Dr. Simson records the case of a patient, aged 60, who complained of gradual loss of co-ordination in movements of lower extremities, great muscular weakness, superficial formication; when standing with closed eyes the body tottered; pain in the sole of the foot on stepping, and a cushiony feeling; the back pains on rising from a seat, and on walking; girdle sensation in abdomen; profound mental gloom; knee jerk and ankle clonus absent; cremastic muscle insensible to needle prick; pharynx sodden and covered with a slimy mucus; no evidence of specific taint, and habits exemplary.

Alumina 6 relieved the muscular weakness, the formication, numbness of feet and tottering gait; but a reconsideration of the *statu quo* suggested *phosphorus 6*, which was given every evening for a week, omitted for a week, and renewed, with the result that within eighteen weeks of the commencement of treatment the patient expressed himself free from pain and discomfort, and strong to labor and endure.—*Monthly Hom. Review*, Aug. 1, 1895.

ERYNGIUM AQUATICUM IN RENAL COLIC.—Dr. H. K. Leonard relates the case of a young Methodist minister, an Englishman, who had had nearly a dozen attacks of renal colic at intervals of from two to four weeks, and each lasting from one to three days. He was given *eryngium aquaticum*, mother tincture, five drops three times a day. He has not had an attack since.

The drug is mentioned in Hale's *New Remedies*, "Therapeutics," page 251, and thence it was Dr. Leonard gained his knowledge of its uses.—*Medical Century*, August 1, 1895.

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CONTRIBUTORS TO VOLUME XXX.

- George Allen, M.D., Middletown, N. Y.
 Fritz C. Askenstedt, M.D., Bryantsville, Ky.
 Clarence Bartlett, M.D., Philadelphia, Pa.
 Weston D. Bayley, M.D., Philadelphia, Pa.
 B. F. Betts, M.D., Philadelphia, Pa.
 William H. Bigler, M.D., Philadelphia, Pa.
 William Boericke, M.D., San Francisco, Cal.
 T. L. Bradford, M.D., Philadelphia, Pa.
 H. Ballou Bryson, M.D., Pittsburgh, Pa.
 J. D. Burns, M.D., Grundy Centre, Iowa.
 James A. Carmichael, M.D., New York, N. Y.
 Haridas Chakravarti, M.D., Serampur, India.
 Howard Roy Chislett, M.D., Chicago, Ill.
 G. Maxwell Christine, M.D., Philadelphia, Pa.
 W. B. Clark, M.D., Indianapolis, Ind.
 Alice B. Condict, M.D., Orange, N. J.
 Robert T. Cooper, M.D., London, England.
 W. Y. Cowl, M.D., Berlin, Germany.
 A. K. Crawford, M.D., Chicago, Ill.
 George N. Crock, M.D., Vicksburg, Miss.
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| John R. Kippax, M.D., Chicago, Ill. | |

